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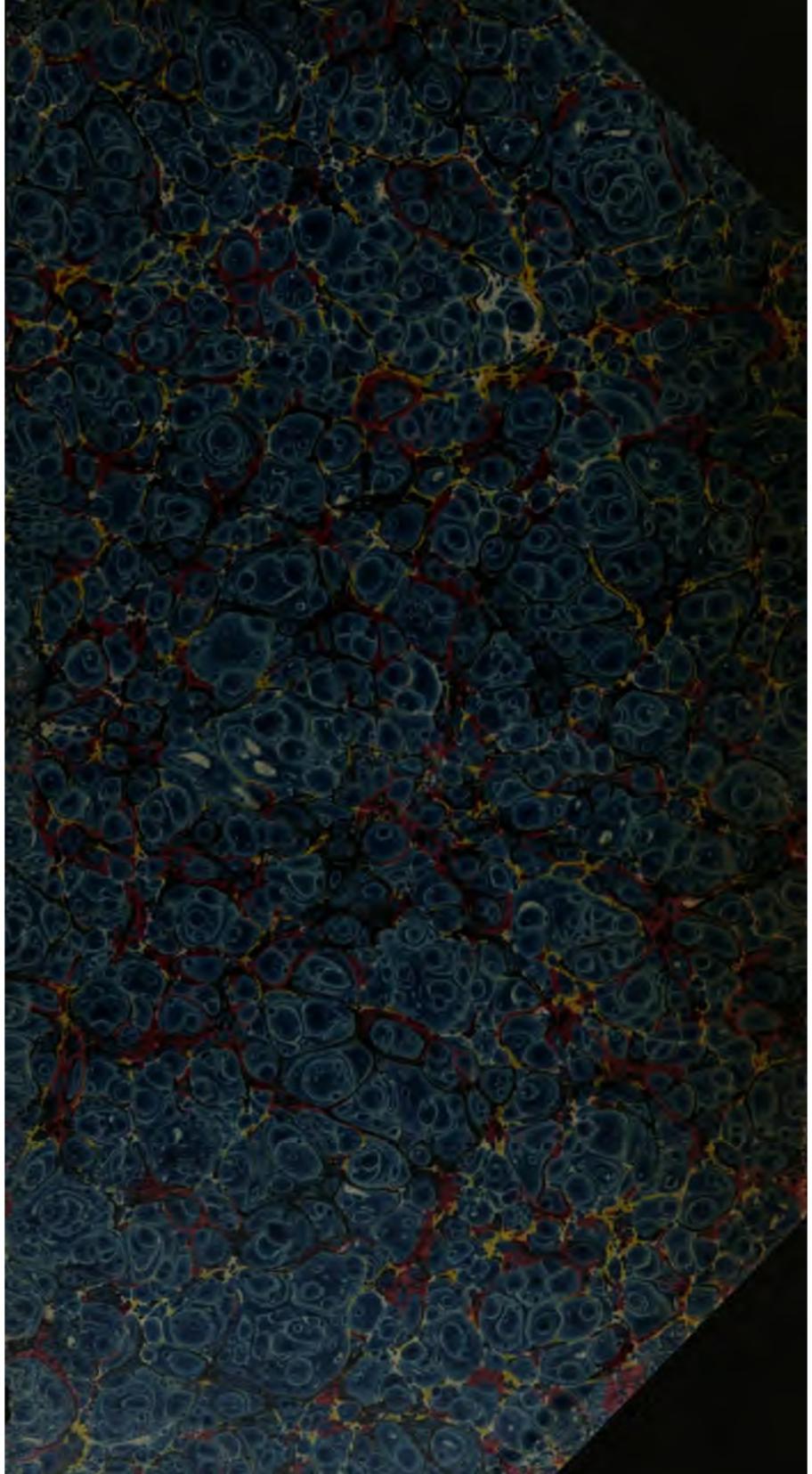
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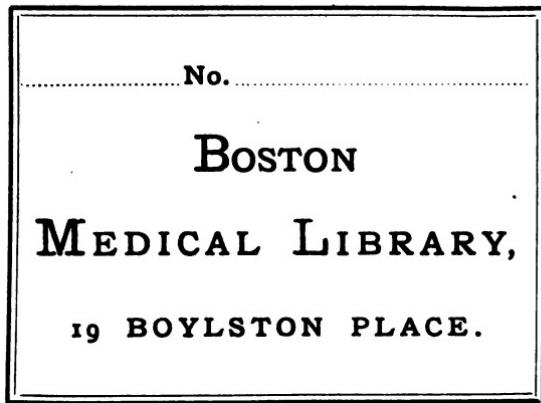
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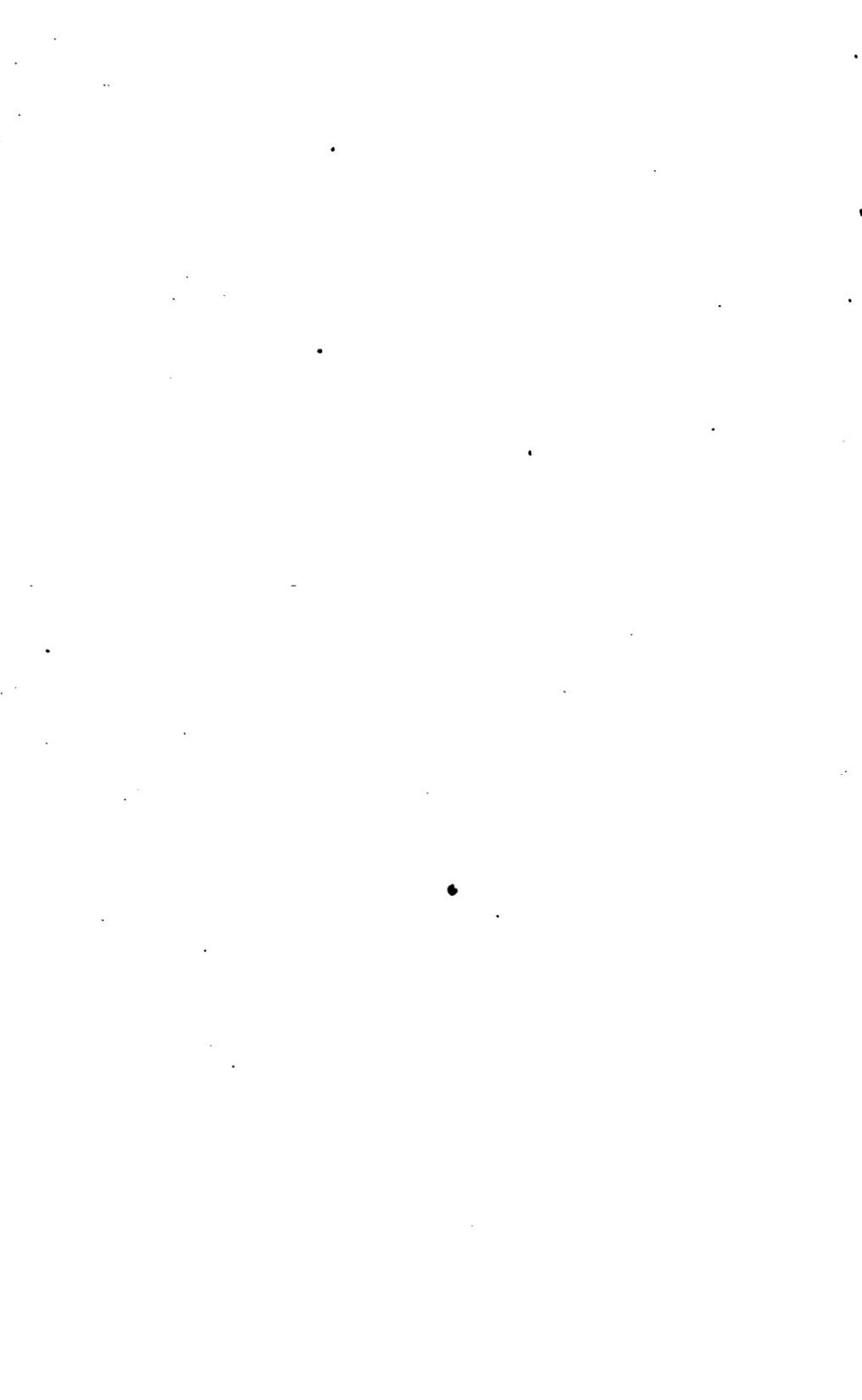
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THE ST. LOUIS  
Medical and Surgical Journal.

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VOLUME LXXIII.

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JULY-DECEMBER, 1897.

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*EDITOR AND PROPRIETOR.*

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ESTABLISHED 1843.

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ST. LOUIS:  
ST. LOUIS MEDICAL AND SURGICAL JOURNAL PUBLISHING COMPANY,  
1897.



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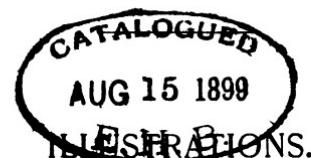
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Plate..... Facing 140

Fig. 1. Kingsbury's Stitch..... 259

## INDEX TO VOLUME LXXIII.

### A

- Abdominal Section, The After-Treatment in Cases of, 272  
Abdominal Contusions with Visceral Lesions, 163  
Absence of the Radius, Congenital, 41  
Acetone in the Urine of Pregnant Patients as an Indication of Fetal Death, 211  
Acute Gastric Catarrh, For, 38  
Acute Glaucoma, 49  
Acute Rhinitis, 226  
Admissible Evidence of Previous Condition, 231  
Advertisers, Our, 152  
After-Pains, The Treatment of, 83  
Albuminuria in Pregnant and Puerperal Women, 91  
Alcoholism, Treatment of, 57  
Ambulatory Treatment of Fractures of the Leg, The, 163  
American Gastro-enterological Association, The, 64  
American Medicinal Flora, Study of the, 73  
American Pediatric Society, The, 193  
Amylene Hydrate, Favorable Effects of, In the Treatment of Diabetes Insipidus, 103  
Anchoring the Kidney, 215  
Anesin, a New Local Anesthetic, 272  
Anesthetic Mortality in Germany, 45  
Antipyrine in the Treatment of Whooping-Cough, 213  
Antiseptic Lubricants for the Catheter, 168  
Antiseptic Powder, An, in Diseases of Mucous Membranes, 345  
Aphasia, The Pathology of, 56  
Appendectomy, My Recent Work in, by A. C. Bernays, 322  
Argonin in the Acute Stage of Gonorrhœa, 102  
Artificial Sphincter Ani, 172  
Ashmead, Albert S., Carrasquilla Serum Sub Judice, 253  
Ashmead, Albert S., Non-Isolation of Lepers in New York, 314  
Ashmead, Albert S., The Regulation of Prostitution, 258

- Atropine Not a Respiratory Stimulant, 226  
Atropine Poisoning, A Case of, 209  
Atropine Versus Quinine Tinnitus, 106

### B

Ballantyne, J. W., Occasional Periscope of Antenatal Pathology, 24, 142

"Barnes Bag," To the Male Urethra, The Application of the, 52

Beef Juice, 342

Belladonna in Bronchitis, 82

Bernays, A. C., My Recent Work in Appendectomy, 322

Bilateral Congenital Amazia, 173

Birch Leaves as a Diuretic, 84

Bismal, 36

#### BOOK REVIEWS:

The American Academy of Railway Surgeons, 232

Appendicitis and its Surgical Treatment, Hermann Mynter, 287

The Diseases of Women, J. Bland Sutton and A. Giles, 235

A Text-Book of Diseases of Women, Chas. B. Penrose, 233

Disorders of the Male Sexual Organs, E. Fuller, 61

Essays on Social Topics, Lady Cook, 180

The Eye as an Aid in General Diagnosis, E. H. Linnell, 60

Eye-Strain in Health and Disease, A. L. Ranney, 113

The Hypnotic Magazine, 30, 64

Hysteria and Certain Allied Conditions, Geo. J. Preston, 114

Illustrated Skin Diseases, Gottheil, 112

International Clinics, 181

Lectures on the Malarial Fevers, W. S. Thayer, 286

Lippincott's Medical Dictionary, R. W. Greene, 60

The Liver of Dyspeptics, Emile Boix, 113

The Menopause, A. F. Currier, 180

## INDEX.

- The Practice of Surgery, Wharton and Curtis, 283  
 Praxis des Harnanalyse, Lassar-Cohn, 287  
 The Origin of Disease, Arthur V. Meigs, 284  
 Reference Book of Therapeutics, Frank P. Foster, 179  
 A Short Practice of Midwifery, Henry Jellett, 116,  
 Suppression and Prevention of Leprosy, The, A. S. Ashmead, 289  
 Surgery of the Rectum and Pelvis, Chas. B. Kelsey, 110  
 System of Diseases of the Eye, Norris and Oliver, 111  
 Teratogenesis, Ballantyne, 115  
 Transactions of the Medical Society of the State of New York, 232  
 Transactions of the Medical Society of West Virginia, 289  
 Transactions of the Pediatric Society, 117  
 Transactions of the Southern Surgical and Gynecological Association, 116  
 Tuberculosis of the Genito-Urinary Organs, N. Senn, 234  
 About Children, Sam'l W. Kelley, 357  
 Cutaneous Medicine, L. A. Duhring, 349  
 Text-Book of the Diseases of Women, Henry J. Garrigues, 354  
 Essentials of Bacteriology, M. V. Ball, 358  
 Lippincott's Pocket Medical Dictionary, 360  
 Manual of Legal Medicine, Justin Herold, 356  
 Pathological Technique, Mallory & Wright, 351  
 Practice of Medicine, James Anders, 353  
 Spinal Caries, Noble Smith, 357  
 Transactions American Otological Society, 358  
 Traumatic Injuries of the Brain, Chas. Phelps, 352
- Born Teacher, The, is a Rare Type, 260  
 Brain Lesions, A New Method for Localizing, 57  
 Brain, The Human; Its Development and Abnormalities, Hereditary and Acquired, By William Henry, 65  
 Brokaw, A. V. L., Chloro-Phénique, the Ideal Antiseptic, 71
- Bromoform Syrup, 84  
 Bronchial Asthma, A Case of, Rapidly Relieved, by William Henry Harlin, 196
- C**
- Cacodylic Acid in Psoriasis, 219  
 Cajaput Oil for Croupous Pneumonia, 37  
 Calot's Treatment of Pott's Curve-ture, 165  
 Campho-Phénique, the Ideal Anti-septic, by M. E. Chartier, 29  
 Canan, C. H., An Efficient Treatment for Rheumatism and Allied Affections, 334  
 Cancer and its Treatment by Means of Pure Ferments, 213  
 Cancer of the Rectum, 171  
 Canthophoplasty, 98  
 Capital Operations Without Anesthesia, 214  
 Cardiac Murmurs, 81  
 Carrasquila Serum Sub Judice, by Albert S. Ashmead, 253  
 Case of Symmetrical Congenital Gangrene, by Dr. Henrietta A. Stoff-regen, 194  
 Catheter through the Urethra into the Bladder? Is it Ever Impossible to Pass a, 221  
 Chalebeate, Purgative, 345  
 Charge, A Grave, 78  
 Chartier, M. E., Campho-Phénique, the Ideal Antiseptic, 29  
 Child's Dead Body, A Father Has a Right in his, 177  
 Chloro-Phénique, the Ideal Antiseptic, by A. V. L. Brokaw, 71  
 Chorea Minor, 229  
 Christmas-Tide, 342  
 Chronic Gastritis, 82  
 Chronic Malarial Toxemia, its Prevalence in New York City—Causes and Treatment by Alteratives, by J. P. Sheridan, 146  
 Cincinnati Obstetrical Society, The, 290  
 Clubhand, 217  
 Cocain as a Safeguard in Anesthesia by Chloroform, 272  
 Color Blindness in Japan and China, 276  
 Colored Spectacles, 49  
 Cordial of Cod Liver Oil, Facts Concerning, 157  
 Conjunctivitis, A New Source of, 50  
 Coxa Vara, 216  
 Creosote in Gastric Affections, 209

## INDEX.

v

**C**  
Curative Element of the Thyroid Gland, The, 205  
Cyanid of Potassium Poisoning, Recovery After, 88  
Cystitis the Sequela of Gonorrhea, 347

### **D**

Daniel Come to Judgment, A, 340  
Death by Poison, 231  
Death from Apoplexy not Covered by Accident Policy, 58  
Decision of Importance to Physicians, A, 176  
Dental Anesthetic, A New, 267  
Dentistry a Very Ancient Profession, 28  
Diarrheal Disorders of Childhood, Pathology of the, 160  
Dieting in Skin Diseases, Necessity of Strict, 100  
Diffuse Peritonitis, The Surgical Treatment of, 92  
Diphtheria, 213  
Diphtheria Antitoxin, 346  
Direct Insufflation of the Newborn with the Stethoscope, 89  
Direct Intra-Abdominal Finger Compression of the Common Iliac Artery During Amputation at the Hip-Joint, 94  
Dislocation of the Hip, Congenital, 46  
Doctor's Bills as Expenses, 104

### **E**

Editorial Amenity, 313  
Epidermolysis Bullosa Acquisita, by A. H. Ohmann-Dumesnil, 185  
Effect of Anesthetics Upon Bodily Temperature, The, 155  
Effect of Drugs on Secretion from the Tracheal Mucous Membrane, 39  
Epileptic Idiocy and Epileptic Imbecility, The Morbid Histology of, 278  
Ergotin and Gallic Acid in Nephritis, 37  
Eruption of Herpes, To Cut Short an, 220  
Erythromelalgia, 167  
Estate of Deceased Insane Person not Liable, 175  
Ethics Run Mad, 203  
Eventration in Children, 206  
Examination of Persons, 103  
Excessive Perspiration, A Remedy for, 159  
Experts Must Testify, 349  
Extract of Felix Mas in Children, Formulae for, 42

### **F**

Fat Necrosis and the Pancreas, Relation of, 210  
Fecal Tumors, A Diagnostic Sign of, 48  
Fecal Tumors, Concerning, 223  
Ferratin in Amenorrhea, 211  
Ferratin in Anemic Dyspepsias, 268, 345  
Ferratin in Tuberculosis, 158  
Fetus Stabbed, A, 277  
Fiquet, Paul, No More Bald Heads—The Microbe of Alopecia, 148  
First International Exhibition of Dentistry and Dental Surgery, 68  
Flat-Foot, 165  
Floating Kidney, 52  
Follicular Tonsillitis, A Gargle for, 158  
Foreign Bodies in the Stomach, With Treatment, Case of, 206  
Formalin an Approximate Specific for Ringworm, 54  
Fracture of the Penis, 221  
Free Dispensary, Exit a, 200  
Fronczak, F. E., Plica Polonica, 297  
Further Researches on Reducing Agents, by P. G. Unna, 241

### **G**

Gastric Spasm, Congenital (Congenital Hypertrophy and Stenosis of the Pylorus), 108  
Gems, Some, From the Recent Examination Papers, 294  
Glaucoma after Cataract Operation, 172  
Glaucoma, Management of, 172  
Glycerine Suppositories, 171  
Gonorrhea, 51

### **H**

Harlin, William Henry, Case of Bronchial Asthma Rapidly Relieved, 196  
Hairpin in a Child's Vagina, A, 212  
Hairy, Pigmented Mole, Case of, Treatment by the Roentgen Rays, 35  
Hamilton Decalogue, The, 72  
Hat-Pin in the Male Urethra, A Six-inch, 275  
Hemoptysis, 36  
Hemoptysis, The Treatment of, 266  
Hemorrhoids, 104  
Henry, William, The Human Brain; Its Development and Abnormalities, Hereditary and Acquired, 65  
Hernia Testis, 22

## INDEX.

Holocain; a New Anesthetic, 94  
 Horse-chestnut as a Remedy for Hemorrhoids, 48  
 Hydrozone for Disorders of Genito-Urinary Tract, 347  
 Hypertrophy of the Spleen, 80

## I

Importance of the Microscope in Obscure Diseases of the Throat, 225  
 Indian Plague in Caucasia, 257  
 Iodin, Use of, in the Treatment of Herpes Zoster, 274  
 Iodo-Mercurial Treatment of Nephritis, 122  
 Ichthyosis in the Island of Meleda, 101  
 Immediate Suture of the Bladder After Suprapubic Cystotomy, 102  
 Indian Hemp Poisoning, 159  
 Injection for Anatomic Specimens, 39  
 Intercostal Neuralgia, A Prescription for, 84  
 International Leprosy Congress, 76  
 Insanity, School-Made, 58  
 Instant Cure of a Noise from a Gastric Borborygmus, Rebellious to all Therapeutic Agents for Two Years, by Dr. Louis Vene, 189  
 Iron as a Therapeutic Agent, 343  
 Irregular Menstruation in Young Women Due to Anemic Conditions, by H. Edwin Lewis, 336

## J

Journey to Moscow, The, 28  
 Judgment on Case Involving Sale of Practice, 282

## K

Kellogg, James C., Resorcin in Dermotherapy; Histological Researches upon its Action on the Healthy Skin, 129  
 Keloid Scar Following the Application of Iodine, 210  
 Kingsbury, W. V., A New Stitch for Closing the Incision in Median Abdominal Section, 259  
 Kocher's Record, 147

## L

Laceration of the Cervix, 162  
 Lactophenin, 85  
 Lactophenin Perfectly Safe, 267  
 Lactophenin is Perfectly Safe, 346  
 Lassar's Paste for Contagious Impetigo, 100  
 Legal Endorsement of Quackery, The, 153

Leprosy in New South Wales, 100  
 Leprosy, Report of, 54  
 Lewis, H. Edwin, Irregular Menstruation in Young Women Due to Anemic Conditions, 336  
 Liability of City for Health Officer Burning Property, 281  
 Liability of Physician Making Examination for Third Party, 59  
 Liberal Offer, A, 152  
 Lichen Simplex Chronicus, 166  
 Light-Perception Power, The, 50  
 Long Pregnancy, A, 42  
 Loud Bill, The, 204  
 Lucilia Hominivora in Tonquin, 40  
 Lupus Treated by Thyroid Extract, 167

## M

Malaria, A Case of Congenital, 174  
 Malarial Hematuria, 34, 265  
 Malignant Diseases of the Stomach, 80  
 Massage in Skin Diseases, 53  
 Medical Attendance, To Recover for, 176  
 Medical Colleges, The, 203  
 Medical Societies, The, 202  
 Medico-Legal Importance of the Excrements, 64  
 Merited Rebuke, A, 197  
 Migraine Accompanying Anemia, For the, 38  
 Mississippi Valley Medical Association, 70, 151, 237  
 Mosquito Bite Decided to Be an Accident, 175  
 Multiple Adenomata of the Breast, 93  
 Mustard as an Antiseptic, 87  
 Mydrinum, The Ideal Mydriatic, 276

## N

Nausea from Chloroform Anesthesia, 44  
 Nephritis with Antipyrin, The Treatment of, 220  
 Nervous Manifestations of Syphilis, 178  
 New Bacillus, A, 210  
 New York's Great Public Library, 321  
 Night Medical Service Visits at Paris, A Two-dollar Fee for, 257  
 No More Bald Heads—The Microbe of Alopecia; Translated from the French by Paul Fiquet, 148  
 Non-Isolation of Lepers in New York, by Albert S. Ashmead, 314  
 Not Natural Results of Injuries, 104

## INDEX.

vii

### O

- Obstruction of the Lachrymal Duct in New-Born Children, 224  
Occasional Periscope of Antenatal Pathology, by J. W. Ballantyne, 24, 142  
Ocular Complications of Typhoid Fever, 223  
Ohmann-Dumesnil, A. H., Epidermolysis Bullosa Acquisita, 185  
Opposed to Make Specialists in College, 183  
Optic Atrophy Following Sexual Excess, 97  
Organized Quackery, 23  
Osteopathy Conspiracy, An, 77  
Osteotomy for Inversion in Club-Foot, 216  
Otitis Brain Disease, Some General Principles that Should Govern Operations for, 229  
Otitis-Media Demanding Paracentesis, 226

### P

- Pain and Its Therapeusis, 34  
Painful Paralysis of Young Children, 162  
Pes Cavus, 217  
Phrenic Neuralgia, A New Sign of, 229  
Plaster Bed for the Treatment of Scoliosis, 97  
Pleasure Without Other Sensations, 269  
Plica Polonica, by F. E. Fronczak, 297  
Poisoning by Red Oxide of Mercury, A Fatal Case of, 38  
Poisoning with Aloes, A Case of, 89  
Possession of Anesthetics, The, 59  
Post-Partum Hemorrhage, Prevention of, 43  
Pott's Disease, Treatment of, 95  
Privileged Communications and Physicians, 64  
Professional Pretenders, 263  
Progress of Dermatology, The, During the Victorian Era, 274  
Prolonged Unconsciousness, A Case of, 252  
Professional Incomes, 33  
Prophylaxis of Venereal Disease, by Charles Everett Warren, 9  
Prostatic Hypertrophy, 51, 276  
Pruritus, Treatment of, by the Application of Compresses Charged with a Hot Solution of Tannin, 166

Puerperal Eclampsia and Its Treatment, 270

Puerperal Septicemia, Treatment of, 90

Pruritus Ani, The Treatment of, 47

### Q

Quinoline in the Treatment of Whooping-Cough, 161

### R

Raynaud's Disease, 167  
Rectal Gonorrhea, 280

Rectal Strictures, Operative Treatment of, 105

Rectal Treatment of Bronchiectasis in Children, 91

Rectoscopy, 223

Relation of Weight to Vision, 98

Reflex Influence of Nasal Spurs, 225

Regulation, The, of Prostitution, by Albert S. Ashmead, 258

Removal of Fibromas, Warts, etc., by Electrolysis, A New Treatment for the, 55

Renal Circulation, The, 86

Renal Suppuration Due to Typhoid Bacillus, 81

Resection of Lung, 163

Resorcin in Dermotherapy, Histological Researches upon its Action on the Healthy Skin, by James C. Kellogg, 129

Restlessness in Gastro-Intestinal Catarrh in Children, 212

Retention of Chlorides in Uremia, 207

Rheumatism and Allied Affections, An Efficient Treatment for, by C. H. Canan, 334

### S

St. Louis as a Medical Center, 202

St. Louis Medical League, The, 150

Sensible Veto, A, 32

Serum in Tuberculosis, 156, 207

Simple and Rapid Method of Gastrotomy, A, 93

Simple Continued Fever, Treatment of, 154

Shall the Way of the Transgressor be Made Easy? 183

Sheridan, J. P.. Chronic Malarial Toxemia, its Prevalence in New York City, 146

Skin Lesion Occurring with Gonorrhreal Septicemia, A. 218

Soft-Rubber Goods, 44

Some Interesting Facts for the Profession, 120

Spastic Paralysis in Children, Orthopedic Treatment of, 46

## INDEX.

- Specialists and Specialties, 32  
 Specific Action, The, of Quinine in Malaria, 268  
 Spinal Cord, Lesions of the, in Cases of Amputation of the Fingers, 278  
 Spontaneous Hemorrhage in the Vitreous Body, 51  
 Spontaneous Rupture of the Bladder, 170  
 Spontaneous Rupture of the Female Bladder, 102  
 Standards of Form and Color in Railway Service, 98  
 Steps Toward Insanity, 107  
 Sterility in the Male, 168  
 Stigmata of Degeneration in Epilepsy, 269  
 Stitch, A New, for Closing the Incision in Median Abdominal Section, by W. V. Kingsbury, 259  
 Stoffregen, H. A., Case of Symmetrical Congenital Gangrene, 194  
 Storbeck's Depilatory, 84  
 Stricture of the Rectum, Bloodless Treatment of, 279  
 Stricture of the Rectum, Pathology and Treatment of, 106  
 Strophanthus, 85  
 Successful Suture of a Penetrating Wound of the Heart, 44  
 Sugar in the Urine, 169  
 Superiority of Lactophenin Over Phenacetin, 230  
 Supernumerary Breast, Case of, 227  
 Supernumerary Mammary Glands in the Male, Case of, 277  
 Surgical Instruments from Rust, To Preserve, 45  
 Surgical Use of Cocaine, 164  
 Sutter, Otto, Two Interesting Cases of Compound, Comminuted Fracture of the Skull, 69  
 Sweating Feet and Their Treatment, 53  
 Syphilis and Paresis, 108  
 Syphilis, The Treatment of, by Intramuscular Injections of Benzoate of Mercury, 275  
 Syphilitic Brain Disease, The Diagnosis and Management of, 177  
 Syphilitic Disease of the Heart-Wall, 154  
 Syphilitic Women in Pregnancy and Parturition, The Treatment of, 99
- T**  
 Taka-Diastase, 208  
 Teeth, Congenital, 42  
 Teratoma of the Tunica Vaginalis, 41
- Test for Lead in Urine, 87  
 Tetanus, Cocaine for, 58  
 Trained Nurses and the Public, 293.  
 Transient Lesions of the Retina and Chloroid from Bruises of the Eye-ball, 97  
 Transposition of all the Organs of the Body, 227  
 Transverse Division, Congenital, of the Glans Penis, 278  
 Transverse Division of the Glans Penis, Congenital, 174  
 Tribromphenol Bismuth, 209  
 Trional, Poisoning by, 159  
 Tri-State Medical Society of Alabama, Georgia and Tennessee, 188.  
 Tumor of the Gum, A Congenital, 42  
 Twelfth International Medical Congress, 68  
 Two Interesting Cases of Compound Comminuted Fracture of the Skull, by Otto Sutter, 69
- U**  
 Ulcers of the Leg, 55  
 Uncontrollable Vomiting in Pregnancy, Continuing After the Death of the Fetus, 162  
 Unna, P. G., Further Researches on Reducing Agents, 241  
 Unna's Second Cure, 261  
 Uretero-Ureteral Anastomosis, 169
- V**  
 Vaginal Suppositories, 84  
 Variations in the Intracellular Secretion of Bile in the Liver, Explanation of the, 88  
 Vene, Louis, Instant Cure of a Noise from a Gastric Borborygmus, 189  
 Volume LXXIII, 31
- W**  
 Want of Skillful Treatment No Defense in Murder Case, 282  
 War on Free Clinics, The, 203  
 Warren, Charles Everett, Prophylaxis of Venereal Disease, 9  
 Warts, The Cause of, 39  
 Wave of Prosperity, That, 199  
 Webbed Fingers, 228  
 Whooping-Cough Treated with Iothyol, 90  
 Whooping-Cough, A Mixture for, 161
- X**  
 Xanthomata, The Nature of the, 273  
 X-Ray in Court, The, 230
- Y**  
 Yellow Fever Invasion, The, 262

5080



THE ST. LOUIS

# Medical and Surgical Journal.

Whole No. 679.

VOLUME LXXIII.—JULY, 1897.—No. 1.

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## ORIGINAL COMMUNICATIONS.

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### PROPHYLAXIS OF VENEREAL DISEASE.

BY CHARLES EVERETT WARREN, M.D., OF BOSTON, MASS.

While there is but little danger of disease in legitimate intercourse, there is, on the other hand, great danger to the great number of those, who, from necessity or choice, buy satisfaction of the flesh in secret places. Such a purchaser often gets more than he pays for.

“Amorous conquests seemingly full of poesy often end in prosaic injections of sulphate of zinc or in doses of copaiba.”  
—Mantegazza.

Distasteful as it may be, and unfortunate as it may seem, the existence of “Easy Women,” living in “Easy Houses,” on “Easy Streets,” in every city and town, proves the demand by the supply. The result of a state of society greatly to be deplored, they are still not without their necessity. If the corruption of morals were the only evil, it would be sad enough, in its evil consequences; but the corruption of body as well, could be and is in many cases remedied to a great extent by boldly recognizing their existence, and placing them under proper medical and police surveillance, instead of making them illegal in the statute books and then winking at them, letting them go unnoticed and unwatched.

Syphilis and gonorrhœa, however, with their train of evils, although synonymous with fast-house and fast-women, in many minds, does not always, or as a rule, originate in these places. The "nice, clean, little piece," "the soft snap," as the saying goes, is more often the source, since she is but an amateur; the professional putting too much value on her financial worth to neglect any precaution of cleanliness or prevention. Her bodily spotlessness is due to mercenary reasons, but her cleanliness in this respect is preferable, even though it comes high, to the negligence in cases which are cheaper.

It is strange but true, that urethritis may be induced without contact with virus. Marrin records a case where a young physician spent the day with a girl, whom he tried in vain to seduce, and was shortly after attacked with a violent urethritis due alone to genital excitement.

Again, a woman may be clean, as to her genital parts, and a man, by intense and long-continued intercourse with her may set up a urethritis, in himself, especially if he has been drinking to excess. Stimulating food may excite it; spiced meats, game, truffles, oysters, soft-shelled crabs, lobsters, etc., as well as spirits and heavy wines. Asparagus is an especially dangerous article of diet where there is a tendency to urethral inflammation, and mustard is so irritating in some persons that its use is impossible.

Various medicines may also excite urethritis, such as arsenic, terebinthines, and especially cantharides.

Ricord's receipt for catching the clap may show how to avoid it. "A word to the wise is sufficient. Do you want to catch the clap? Select some woman of a pale, lymphatic temperament—a blonde is better than a brunette—and the more whites she has the better. Take her out to dine; order oysters first, and don't forget asparagus afterward. Drink often and freely, white wine, champagne, coffee, liquors, etc.; they are all good. Get well heated during the evening and quench your thirst, without stint, with beer. At night play your part valiantly; two or three times are not too many, but more would be better. Don't forget to take a prolonged hot bath the next morning; moreover do not omit the injection. This programme being conscientiously followed out, if you don't have the clap some good Deity must have saved you."

Of all preventive means the choice of a licensed harlot is of first importance, yet not a positive safeguard. Licensed harlots are obliged to undergo a medical examination; at stated intervals, usually every fifteen days, and are obliged to show their tickets, duly stamped, to any client who may demand it. If the girl cannot pass inspection, if she is diseased or suspected to be diseased, she is sent to the hospital where she must remain until she is incapable of infection. If she seeks to evade inspection she is arrested and detained. If, therefore, she is at large, and shows a clean card, it is *prima facie* evidence that she is free from danger of inoculating any man who may buy pleasure from her. But it is not an absolute safeguard. The woman may become diseased during the interval (the examination is not often enough), or she may transmit the virus, receiving it from one and giving it to another, without becoming infected herself, long and frequent use of the genital parts seeming to induce a resistant power, so that the parts become, as it were, disease proof, while the novitiate is more susceptible to disease owing to the tenderness of the parts and their undue sensitiveness to irritation.

Where registration is not in vogue, the better class of harlots are examined by physicians, at the expense of the house, and have a certificate, to show immunity from disease, which will be shown on demand, if it is not exposed in the room, tucked into a picture frame or pinned to the cushion.

There are many reasons why the professional harlot especially cares for cleanliness and health, chief of these being business. Ill health means loss of friends who pay her way; loss of home, such as it is; loss of time; loss of pleasure, and loss of caste. An outcast from the gilded hell, where she erstwhile posed as a fallen angel, with the fig-leaf costume, cut low in the corsage and short in the skirt, she rapidly descends to a slovenly drab, in the vilest brothel, reeking with nastiness, rotten with disease, a veritable cess-pool of filth and corruption.

Then she is driven to walk the streets, lurking in dark corners, alleys and doorways; seeking to keep out of sight of the eye of the law, and to catch the eye of some passer-by who will take what she may give for the price of beer and bed.

Last scene of all, a female Caliban, emaciated by privation, or bloated by dissipation, spreading disease and sin broadcast,

she dies in prison and is buried in an unlettered grave, unknown and unmourned; or in her despair and poverty she takes her life in her own hands, and having no means to buy poison, powder, rope, or knife, she plunges headlong into the water, which lies invitingly open and free to all sin-sick wretches, and if, by chance, her body should come again to light, she is buried in the "Potter's Field."

But this lesson is not the one we are studying at present. The professional prostitute can teach a lesson in cleanliness which many virtuous people neglect. Before intercourse she takes a vaginal injection of tepid water, possibly with an antiseptic added; after intercourse she again uses an injection, and at each cleansing offers her companion a basin of water, soap and towel for his own use. She urinates, if possible, to cleanse the urethra, an example followed by the man if he is initiated. This routine is more religiously performed than the prayers of the righteous, and the girl carries her syringe, wherever she goes, for the night or day, even if she has to carry it in a music roll.

No cleanliness or cleansing, however thorough and complete, will insure exemption from inoculation, when disease is present, in contagious or inoculable form, in the one or the other party to the act. He who puts his hand in the fire will surely be burned.

In such a case the condom is called into use. The condom, named after its inventor, who suggested it as a preventive of venereal disease, and has obtained an unenviable notoriety thereby, was originally made of gold-beater's skin. The French Safe, made of rubber, is the same thing under a different name. The sale of preventives of conception being strictly prohibited by law, the envelope, in which they are delivered to the purchaser, is stamped "for the prevention of disease," and in this guise they are sold by many druggists or privately kept in stock by one of the clerks.

To one sold for protection from disease, there are thousands sold for prevention of conception, and yet in either case says Ricord: "The condom is a poor umbrella which the tempest may break, or turn inside out, and which at best protects only the head from the storm, and does not keep the feet from getting wet." Bremond adds: "This unfortunate (sic) invention gives no guarantee of safety to any one who trusts in it to combine pleasure with security. The sinners in secret, who begin love

with Plato, even though clothed in rubber, may end with the midwife armed with forceps."

If further evidence is necessary, let it be known that prostitutes, to whom protection and prevention are necessary, as stock in trade, seldom use a condom. True, a man who has a favorite girl may tell her candidly that he cannot stay with her because, in sporting slang, "he has got a dose," and she may like him, or his money, so well as to obtain a condom and persuade him to stay, but she does not forget the efficacy of injections, as a preventive and protection, and this condition she religiously adheres to whatever the conditions of the case.

The condom is, as a rule, purchased and relied upon to prevent conception. In these cases also the insecurity of the safe-guard constitutes its great danger, aside from the evil effects which it has in common with all genesic frauds.

Its ready purchase insures indulgence to many who would not take the risk were it not for this so-called safe-guard. A young man and woman relying upon this protection enter into illicit intercourse of shorter or longer duration, when lo! strange feelings and symptoms suddenly develop in the girl, speaking only too plainly of a compromising pregnancy. Then follows a secret reign of terror for the two parties; perhaps marriage, better late than never; more likely induced abortion, or abandonment of the girl to her fate, which very likely leads her to disappear for a season to reappear in a brothel. This is no fancy sketch.

In married life the condom is none the less fraught with evil. Allowing unlimited intercourse, without fear of compromise, the apparent immunity from danger begets carelessness. Some unexpected day the wife becomes pregnant, through a rent or the slipping off of the condom. The husband, sure in his own mind that due precaution has been taken on his part, and allowing for no mischances or accidents, suspects and believes that his wife has been unfaithful to him, and blames another for his own work, and as a result there follow unhappiness, estrangement, and divorce.

Again, let us say the wife is untrue, but relies upon this safe-guard in her illicit pleasures and indulgences; the safe-guard fails and the secret is divulged, not by words, but by unequivocal and unmistakable signs, so simple and yet so manifest that even the uninitiated may read them as he runs.

To sum up the matter, Gourrier says: The condom does not maintain absolute secrecy, since it necessitates a disagreeable *mise-en-scène* of which the woman must be a witness, if not assistant, which at length blunts the sense of modesty, which is the great charm of woman. Furthermore, the membrane blunts the sensibility of the organs, with which it comes in contact, and isolates surfaces, which, by nature, should be in direct contact during the genital act, and by this isolation renders the natural secretions of no value, and thereby, from friction, leads to abrasion, or at least irritation of the organs.

Finally, it is not unbreakable, and if it breaks there is an end of security of mind and body.

Therefore, we must conclude that as a preventive of disease or conception the condom is insecure, untrustworthy, and even a cause of that which it seems to prevent.

Beyond question the surest means of avoiding contagion is to keep out of the shop where it is on sale or to let. Paul (I. Corinthians, vii., 1, 2, & 8.)\* "It is good for a man not to touch a woman. Nevertheless, to avoid fornication, let every man have his own wife, and let every woman have her own husband. I say, therefore, to the unmarried and widows, it is good for them if they abide even as I. But if they cannot contain, let them marry; for it is better to marry than to burn."

Marriage is, like quinine, recommended, hap-hazard as a panacea for all ills, when one does not know what other more specific remedy to use. There are those who ought not to marry under any circumstances, and there are those who are married who would be better if they had not taken the prescription.

Strangely enough the verb used by St. Paul, *gameo*, means not only to marry, but has a secondary meaning of mere sexual intercourse, to take for a paramour, and this is often the sole purpose and result of many marriages—simple and pure legalized prostitution, the wages being bed and board.

Casuists have at times promulgated the idea that marriage should serve at the same time "*ad usum prolis suscipienda, et ad remedium concupiscentiae*": for the purpose of begetting children and as a remedy for concupiscence. They would allow

\**Haptesthai*: To have intercourse with a woman; *exeto* carries the sense of having full possession; *egkrateuontai*, moderation or self-control in sensual pleasure.

among man and wife "*quoslibet tactus, quilibet oscula*"; and they conclude that there is no sin "*virile membrum in os mulieris immittere.*"

Masturbation, however, whether unal or dual, needs no casuists to sanction it for the individual. It is a matter which the perpetrator literally takes into his or her own hands. When it is of dual nature, buccal frauds are not the only ones, nor is buccal onanism confined to the introduction of the male organ into the mouth of the particeps criminis; man reciprocally uses the mouth and tongue upon the pudenda muliebra (cunnilingere), thereby exciting the clitoris, while woman does the same for woman (Sapphism or Lesbiism), the result in each and all cases being a sexual erection and spasm. The use of the anus of boys (pedestery), and of men and women (sodomy), is simply another phase of the sexual perversion of natural organs and functions.

Still another phase of fraud is mammary excitation by manual kneading and titillation, or by sucking and tonguing the breasts, thereby exciting a true erection of the nipple and a turgescence of the breast, analogous in women to erection in man, the intimate relation between the breast and pudenda being such that an actual, though reflex, excitation and venereal spasm is induced. Mammary onanism may also consist of the friction of the penis between the breasts of a woman; but this necessitates an inconvenient position, and renders it of rare occurrence.

The object of all these and other fraudulent sexual duets is, primarily, the prevention of conception, to avoid compromise in the single, or in fornication or adultery, and to avoid the pain, care and expense of children in the married.

Secondly they are performed to exaggerate or add new pleasure to the normal act.

Thirdly, they are falsely thought by those ignorant in such matters to avoid the danger or possibility of disease. That this is an erroneous impression we have frequent evidence, in syphilis of the mouth, tongue and breasts, which can be explained only by inference of perverted uses.

To utter a word of warning in such cases is useless; the sexual pervert to whom normal intercourse has lost its charms, and who seeks means of satisfying his lubricity, looks only for such advice and instruction as shall give him new pleasure.

There is, however, a phase of the matter which merits personal

warning and care, if not legal enactments. For example, a wet nurse may be syphilitic, and have lesions of the breast, through which an innocent nursling is inoculated. She may, moreover, have lesions of the genital organs, and by immodest and unnatural treatment of her charge transmit it locally by placing the genitals of the child against her own, or to the mouth, putting the child to this unnatural and barren site, or she may transmit it to the mouth, or genitals, of the child by and from her own mouth.

Evidently, then, a nurse cannot be selected with too much care, and she should not only have a clean health certificate, as to her past and present state, constitutional and local, but she should have a pure moral certificate as well.

Nor is it sufficient to find an unbroken and otherwise clean breast; the genitals in especial, and the body in general, should be spotless. No unthinking physician can, or does for a moment, doubt this fact; but, when the occasion and applicant presents, the caution is often but slightly regarded and the exigencies slighted. Better, by far, incur the risk of the bottle, even though it does not give the same chance for life as milk from natural sources, than feed the child from a poisoned stream. Better a short life of innocence than a longer one with corrupted morals, menacing the safety and life of the community.

Leaving the infant state, the young man or woman may possibly have buccal or lingual syphilis, and transmit this lesion by kisses, innocent of themselves, but in the result worse than a Judas kiss of betrayal.

Between adults there is some free will and choice in such matters; but children are helpless, and often pay with life-long suffering, or early death, for the frequent osculatory offerings of friends of the family. On the other hand, it is possible that an infant may convey syphilis to an ardent but not wise admirer of his infantile sweetness.

Here we have a matter that can be dealt with only by public sentiment and private action. In the olden time, the time of the blue laws, when it was against the law to sit in the garden, or kiss one's own wife on Sunday, or any one's wife on any day, legal enactments might have been made and enforced against kissing anyone at any time or place; but, in the present days of freedom of thought and action, the law cuts the gordian knot of

many difficulties by licensing that which it cannot prevent, and society at large sanctions many things which the individual condemns.

Kisses, for example, may be innocent and pure, and they may be licentious and impure. When lips meet lips, touch lightly and part, it may simply be an innocent greeting of good will and affection; but when the lips are applied as closely and over as large a surface as possible, when the tongue is run over the other's lips, and to and fro in the mouth, the kiss is voluptuous and licentious; it causes a thrill of the whole nervous system, and often, reflexly, an excitation of the genitals, if not an actual venereal spasm.

To fondle the breasts is but a step to an act which, if not actually invited, is at least allowed, erethism having been excited by the kiss of voluptuousness, and the act seeming of itself innocent; for, while the breasts are actually, anatomically and physiologically, intimately connected with the genital system, they are, socially, not considered secret organs, but are, on the contrary, only too freely and extensively exposed to the public gaze. To see, to handle, and to taste, is the natural sequence of events; the mind burns, the hands itch, and the mouth waters. To see, to touch and to kiss the breast is but a question of time and opportunity. The kiss is followed by a reversion to the acts of childhood, sucking and tonguing, and the downward road having thus been entered, the gates having been broken down or freely opened, *Descensus Averni facilis est*, the easy descent seems strewn with roses, while in reality it is hedged with thorns which take hold upon the travellers upon this way like hooks of steel.

Sooner or later, by more or less devious or direct ways, the first voluptuous kiss leads to a voluptuous act, which, as Nordau says, "is of itself innocent, but of which society has made a crime;" and the only certificate of marriage is often a possible illegitimate child, a certificate of dishonor, however, and one so undesirable that no fraud is too base which shall avoid it. Hence the kiss on the mouth may become a kiss elsewhere, and, while the direct contact of the genital organs is avoided, the venereal spasm is obtained even in a more exaggerated form.

There is still another phase of the case, that of syphilis innocentium. Passing inherited syphilis, the child may be inocu-

lated during birth by a contact with a recent lesion, but the cases previously cited by kissing is a more constant menace. Grant, however, that a girl has reached the nubile age intact; she is wooed and won by a man of means, but not of character beyond reproach. That denied to others is allowed to him, and disease follows with its attendant train of misery. Even more, grant that marriage takes place and syphilis of the genitals occurs, a child is conceived and born, doubly tainted, to grow and sow the seed of this pestilence. The hypothesis is a gruesome one, but it is too often realized in fact.

Is there a remedy in such a case? Yes and no! We have stringent laws for the prevention of contagious and infectious diseases, and careful quarantine to check their transmission, by or from individuals or localities. Laws which are enforced by public sentiment, *vis et armis*, witness the shotgun quarantine of armed patrols in yellow fever epidemics.

Lepers, from Bible times to the present day, have been outcasts, or isolated in communities far removed from a possibility of escape. Insane people, even of a mild type, are arrested upon a warrant, like the lowest criminal, and forcibly detained where they may not injure themselves or others. Yet a disease worse than all others combined, one which attacks every organ and function of the body, which devitalizes the individual and strikes at the basis of society, is allowed to perpetuate itself without let, check, or hindrance.

To suggest a remedy is a difficult task. We can but consider methods.

Let us take the case of an affianced couple. The girl is pure and known as such to her physician. The man is also known to be impure, licentious, and a libertine, but to society he presents a card without reproach. He has sown a few wild oats they say, but in a mild way, and take him for all in all he is a good fellow.

For the physician to stand idly by is to aid and abet a crime, to compound a felony, in an indirect sense. On the other hand, to give specific advice, or even an intimation upon the subject to the parent or others interested, either voluntarily or by request, is also a crime, a betrayal of a professional secret, acquired by treatment of the person whose secret he holds or has acquired or inferred, incidentally or accidentally, while treating him or her for another disease. This medical secret is a moral as well as a

legal obligation, nor does the absence of intent to injure essentially change the character of the libel or slander of secrets divulged.

The question then arises in such a hypothetical case, can or should the physician give his advice to the parent, either in favor of or against marriage with a given man or woman, when asked by other parties to the prospective contract?

Gaide, of Paris, takes the affirmative view with energy. He says: "When one of our clients, honey-combed (Rongé) with constitutional syphilis, which has resisted all remedies and treatment, boldly solicits the person of a young and pure girl who is the joy and hope of her family; when the father of the girl comes to us with all confidence to ask if he is safe in giving his daughter to this man, who we know will contaminate her at the first contact, and leave as his inheritance children infected with the disease which he has transmitted to them, should we maintain a silence which may be poorly construed (as assent), and ought we thus to make ourselves accomplices in a marriage, the fruits of which will be so deplorable?"

"I think not! and for my part, I affirm, I should never have the courage to obey the law in such a case; my conscience would speak louder than the law, and without hesitation I would say: 'No! Do not give your girl to this man.' I would add no word of explanation; I would keep the pretence of non-betrayal of my professional secret, and if I should be called upon to answer at law for a breach of confidence, I would call upon all fathers of families, and I would plead with confidence at the tribunal which gave the authority to punish me for having preserved a woman and her progeny from contamination."

With more or less reservation Tardieu, Amedée, Latour, Brochin, Legrand du Saulle, and others, concur with this course, but Brouardel thinks it is false ground to maintain such an action, because it is against the law, and no one has the right to set himself above the law; because it is against the medical dogma, which is the safeguard of society; and finally, because we have other weapons with which to combat the evil menace.

The law, however, is not infallible. Many laws stand on the statute books, but fall into disuse in the community, becoming inoperative, even though not repealed. Law cannot make a wrong right, nor can the few make laws of value unless their en-

actment is insisted upon by the community of the many. The law of to-day may become obsolete to-morrow through change of circumstances and environment. Amendment and repeal follow each other; each addition or subtraction having the good of the community in view.

Dechambre, speaking of article 378 of the French Code relating to calumny, injuries, and revelation of secrets, having for its purpose the punishment of malicious intents to defame or injure, says: "It is true that this statute was not formulated in all its rigor, with a regard to syphilitic infection, but we see that it would not be right to divulge other constitutional diseases, such as scrofula and phthisis. As for myself, I would not accept (the exception), opposing as it does the utility of public law and equity, tending to bring about a dissolution of the tutelary principles of society; in politics, inducing dictatorship; in law, injustice; in morals, laxity. Is it not for the public interest that the law imposes secrecy? And if this interest shall injure others, shall we constitute ourselves judges of the differences? Who has given the power to choose? Do we not understand that the free divulgence of secrets, according to the circumstances, would be an evil in the hands of some, even if not in error from faults of judgment or faulty diagnosis? What would prevent an evil-minded physician from entrenching himself in the occult sanctuary of science and uttering false and death-bearing opinions? It would be an infamy, and it is to prevent such an infamy that the law has been devised.

"Besides we must accept the disadvantages with the advantages. If the law protects us we should not disobey it or criticize it."

There seems to be a fallacy in this argument only too evident. It is a sort of Kismet argument, and after a Turk has said "kismet" he has said all he can say. He is such an indolent fatalist that words fail him. It is simply Amen! So mote it be! Acquiesce graciously in the inevitable!

Furthermore, according to Brouardel, we receive the professional secret because we are physicians, and if the public opinion revolts at the betrayal of a secret by a friend, is not the treason of a physician still more culpable? A person chooses his confidant among his friends, but to the physician he is compelled to tell his secrets, and knows that whatever his skill or morality

may be, he is obliged by law and tradition to maintain absolute silence.

This author, however evades the letter of the law in an ingenious way. He suggested to the father of the girl, that, as the career of the young man was not certain, and that in case of death he would leave his wife in a precarious condition, that he, the father, should require him to take out a life-insurance policy.

The young man, conscious that he could not pass the required examination, would not apply for a policy, and the match was thus broken off.

This line of action seems to me to be but an equivocation, a distinction without a difference, an indirect betrayal of the secret, by a betrayal of confidence, tending and intended to injure the personal interests and prospects of his client. Brouardel admits as much himself though not in these words.

Referring to a criticism upon his report of a case, he broadly says: That in such cases we are placed between two duties, each reputable. First we ought not to betray the secret of our patient; this is the law—the professional dogma. Second, we ought as far as the means is at our disposal, and without compromising the secret of the patient, take every means to prevent the contamination and sacrifice of the woman and her offspring. “I recognize M. Gaide’s sentiment, and acknowledge that as a physician I ought to make every effort to prevent an infamous act.”

Thus he confesses the unrighteousness of the law, yet in the same breath says we must not criticise it or act contrary to it. He advises that the physician should have an uniform answer for all questions of character or health relating to prospective marriage; and this answer shall be an absolute refusal to say anything either pro or con, his reason being that if an affirmative answer is given in one case, a refusal to say anything in another case must perforce be construed as a negative. However if the consent of the patient or his parents is given, advice may be given to the other parties in the contract, but this consent should be unequivocally affirmative and in writing.

Let us digress for a moment, and consider the value of a promise. The relations of physician and patient are of the nature of a contract, implied even though tacit. Circumstances often demand promises or concessions from the patient, especially permission to perform certain acts or operations, and in such

cases a written agreement should be obtained, not, as the newspapers say, for publication, but as a guarantee of good faith.

The purpose and probable results of the operation should be specifically stated, and all possible contingencies should be broadly covered with an undeniable and unequivocal consent, freely given, to accept the result and its consequences, of whatever nature they may be, whether favorable or not, without redress at law, unless mal-practice can be proved.

A verbal promise, lightly given, is lightly kept, and the burden of evidence is usually with the patient, who often has interested witnesses, while the physician is alone in the matter. In case of possible dispute it is word against word, and numbers count, the veracity of the principals and witnesses being assumed equal in value. It is pitiable that we should doubt the intentions or future acts of any one, but it is unfortunately true, that even our best friends, under stress of circumstances, or under pressure of advice, may be influenced to a betrayal of good faith. Hence, for his own protection, the physician should hedge himself about with every safeguard possible, against possible suits for damages.

There are promises, moreover, which should never be accepted, or even considered, for a moment, and chief among these is the multitude of promises often given to induce a physician to commit criminal abortion. A young man will plead and promise, and swear, by all the gods and little fishes, never to divulge a word if the physician will only save his honor, and that of his victim, by kindly helping him in a compromise.

Possibly the physician is young, perhaps not well to do, the fee is a temptation, and the premises and promises seem secure. He performs abortion. Complications ensue over which he has no control. Under the intimidation of impending death, the girl confesses all, a deposition is taken, and upon this evidence the physician is condemned. He learns too late the value of a promise. It is evident that a written promise would be worse than a protection in such a case, it would be evidence against him. On the other hand every physician who is approached by any person, at any time, with such a proposition, should enter a statement of the circumstance, in writing, in a record book, with special reference to his denial to perform abortion.

There is another phase of the case, not implying a promise,

but one demanding caution. A man or a woman desiring abortion may not ask directly that it be performed. The man has a friend, who has caught cold; and wants something to bring her around; she dreads to see a physician herself, and has asked her friend to get it for her; or a woman has some local trouble comes to a physician, says nothing about an absence of the menses, or lies about it, and succeeds in having abortion induced by the uterine probe. In the latter case the physician, with all due care, may be an unconscious agent; in the former he cannot be an agent at all if he is wise. The papers, secular and religious, which circulate amongst the best of families as well as the worst, advertise too many "female regulators" and "friends-in-need," for the physician to have any hand in the matter.

To return to the legal aspect of syphilis and syphilitic infection: in the consideration thus far the law seems to be the stumbling block. It is admitted that the sacredness of the professional secret in such a case is a false reverence productive of evil and not good. Yet it is fallaciously assumed, like the laws of the Medes and Persians, to be unalterable.

[TO BE CONTINUED].

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**Organized Quackery.**—Organized quackery is again laying schemes to delude the public and cheat the physician. We have before us a circular letter describing a new scheme, which is briefly as follows: The aforesaid concern is getting up a directory containing the names of a "good" physician in each town of consequence in the country. This guide is to be furnished commercial travelers, theatrical troupes, life insurance companies, etc., at once. The traveling public will be greatly benefitted by this, forsooth! The "good" physician agrees to attend them at the rate of 50 cents an office call, and \$1.00 a visit at hotels. The sole qualification to being classed among these professional scabs as "good" is the payment of five dollars by the avaricious doctor. The company expects to obtain physicians by promising to send a large amount of business exclusively to their subscribers.—*Southern Cal. Pract.*

**OCCASIONAL PERISCOPE OF ANENATAL PATHOLOGY.**

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**Influence of Paternal Alcoholism on the Infant.**—Fieux (*Journ. de méd. de Bordeaux*, No. 11, 1897) has noted the case of a woman married to an alcoholic, who has in nine years had five children, all weak and small at the time of birth. Four died in a few days, and one lived to the age of four years. The mother herself is robust, and enjoys good health. She was deserted by her husband, and has had two children by another man, who is healthy and sober. Both these children are healthy and well-nourished, and one is now four years old. There was no evidence of syphilis in the case, and Fieux thinks that it affords a clear demonstration of the evil effects on the progeny of alcoholism in the father. A similar effect is sometimes seen in paternal tuberculosis. In all cases of habitual fetal or neonatal death it is well to make special enquiry into the condition of the father as well as the mother.

**Multiple Congenital Contractures.**—A. Schanz (*Ztschr. f. orthopöd. Chirurgie*, V., p. 9, 1897) reports the case of a boy, four years old, who had since birth been the subject of multiple contractures of the limbs and neck, club feet, dislocation of the patellæ, etc. The contractures were not due to a central nervous cause; the internal organs were normal, and the intelligence was fairly good. It was thought that the anomalies were probably due to intra-uterine compression of the parts from want of space.

This hypothesis found support in the fact that during pregnancy the circumference of the maternal abdomen was below the average; indeed, even near the full term the woman scarcely appeared to be pregnant. Further, at the time of labor there was very little liquor amnii; and during pregnancy the fetal movements had been strikingly felt by the mother. No other cause seemed probable.

**Congenital Anomaly of the Lumbo-Sacral Region.**—The possession of a tuft of hair in the sacral region in cases of spina bifida occulta has been observed of late years in quite a number of instances; and the case reported by Dartigues (*Bull. de la Soc. de anat. Paris*, 5, s., xi., 104, 1897) forms another example of this association of a skeletal defect with excess of hair

in the overlying skin. The patient was a woman, sixty-three years of age, when the antenatal peculiarity was discovered, who showed a depression in the form of a groove at the level of the fourth and fifth lumbar vertebral region spinous processes, and from this depression there grew a tuft of thin hairs about 20 cms. in length. She also exhibited a deformity, probably congenital, of the left foot, consisting in atrophy, varus, ulcerations, and fistulae from which pieces of bone had been expelled on several occasions. The condition of the foot was probably associated also with the spina bifida. The woman had also a telangiectatic sarcoma of the left breast.

**Amniotic Bands and Their Effects.**—At a recent meeting of the Anatomical Society of Great Britain and Ireland, E. Barclay Smith (*Journ. of Anat. and Physiol.*, XXXI., pt. 3, April, 1897) exhibited a fetus of about thirteen weeks in which the digits of the right upper limb were linked to those of the left upper limb by a short string-like band; while from the digits of the left upper limb a similar but longer band, apparently continuous with the former, passed to the digits of the left lower limb; not directly, however, as between the two it appeared to be tightly tied round the umbilical cord. The compression of the umbilical cord thus caused may have led to a diminution of the flow of blood, and so have produced the abortion. Unfortunately the placenta and membranes were not available for examination. It is difficult to understand how the amniotic band (for amniotic it must have been) could have attained so remarkable a disposition to the limbs and cord.

**Congenital Omphalocele and Multiplex Anomalies.**—Prosper Emile Weil records (*Bull. de la Soc. anat. de Paris*, No. 3, 1897) the case of a female infant, two days old, who was born with a large umbilical hernia. Since the hernia could be reduced, it was opened, and the coils of intestine, which were glued together by peritoneal effusion, were returned into the abdominal cavity. The child died twenty-five hours later, without having had any motion of the bowels, and after continuous fecal vomiting. At the post-mortem all the coils of intestine glued together into one rounded mass by adhesive peritonitis; the mesentery showed marked torsion. The umbilical vein was normal, but there was only one umbilical artery—the left. There was an absence of the rotation of the intestine which normally occurs

in fetal life. There was also a bicornate uterus. All these malformations were possibly due to a single but unknown cause, which acted, not in the embryonic, but in the fetal period of antenatal life.

**Congenital Defects in the Eye-ball.**—Jonathan Hutchinson (*Archives of Surgery*, April, 1897) has gathered together several cases illustrating congenital defects of the eye-ball. In one, an infant which lived for two months, there was complete absence of the right eye-ball (anophthalmus), and of the left only a minute shrunken globe remained. There was also talipes calcaneus. In another case both eye-balls were absent, but there was no other defect. In a third case there were congenitally collapsed eye-balls in a child whose parents were in a similar condition as the result of purulent ophthalmia in their infancy. Possibly this may only have been a coincidence. In some other cases there were deeply-seated anomalies, such as detachment of the retina, gray optic discs, and choroidal changes, which Hutchinson thinks were possibly the results of intra-uterine disease.

**Multiple Malformations of the Face.**—Delanglade (*Rev. mens. des mal. de l'enfance*, May, 1897) has met with a male infant, seven days old, who showed in a remarkable manner a group of associated malformations of one region of the body—the face. The father of the child had a bifid tragus in the left ear. The little patient was affected with bilateral macrostoma, atrophy of the inferior maxilla, fibro-chondromata and fibrolipomata of the region of the first bronchial cleft on both sides, defective development of the external ear, and a congenital fistula of the left cheek. It is well known that these anomalies occur in association, but it is rare to find them all in one case. There was also a congenital dislocation of the right hip. There were no malformations of the neck, thorax, abdomen or limbs; but the hands, feet, legs and forearms showed a marked degree of scleroma.

**Bronchial Fibro-Chondroma.**—At a recent meeting of the Anatomical and Physiological Society of Bordeaux, Andérodias and Hugon (*Journ. de med. de Bordeaux*, No. 19, 1897) showed sections of a bronchial tumor removed from an infant of five months. The whole body was normal, save for a nipple-shaped appendage attached to the neck at the level of the large cornu of

the hyoid bone on the left side. It was about 2 cms. in length; in consistence it was soft, with a central part in the pedicle which felt like cartilage. Since it was increasing in size, it was removed. Examined microscopically, it was found to consist of normal epidermis and dermis, covering a fibro-cartilaginous stalk, which was continuous with a fibrous pedicle. These appendages are more frequently found in the pre-auricular region than on ~~the~~ neck; but in both situations it is certain that they are the result of ~~errors~~ of development of the bronchial arches and clefts. Elsewhere (*Teratologia*, II., 74, 1895) the periscopist has suggested that adhesions of the amniotic membrane to the margin of the bronchial cleft may be the cause of these growths.

**The Pathology of the Fetus in Cases of Maternal Eclampsia.**—Bar and Guyesse (*L'Obstétrique*, II., No. 3, 1897) have examined the fetal liver and kidneys in six cases of eclampsia. With regard to the liver, in four instances there were hemorrhagic foci in the portal spaces, and even in the hepatic lobules; in the two other cases there were no lesions. In the kidneys hemorrhagic changes were also met with. These lesions cannot be regarded as pathognomonic of eclampsia, for they are met with in the fetuses of mothers who have been infected or poisoned in pregnancy, or who have had long labors.

**Congenital Prolapse of the Uterus in a New-born Infant**—L. Krause (*Centralbl. f. Gynäk.*, No. 16, 1897) has met with a case of this very rare anomaly. The subject was a female infant born after a normal pregnancy and a rapid labor to a young and healthy mother. At the moment of birth the midwife noticed on the vulva of the infant an anomalous body projecting therefrom, and on the child's back was a tumor—a spina bifida. Krause saw the child when she was five days old, and found her suffering from a sacro-lumbar spina bifida, evidently about to rupture and form distinct prolapse of the uterus. The prolapsed cervix measured 2 cms. in breadth, and the os externum 1.2 cm. The uterine cavity was 4.5 cms. in length as measured by the sound. The hymen was intact, and the external genitals normal. The symphysis pubis showed its natural union. The anal orifice was large, and there was ectropion of the mucosa. The upper and lower extremities were well developed, and exhibited no anomalies. There was a tuft of hair, 6 mms. long, between the spina bifida and the anus. The spina bifida was operated upon,

but the child died eight days after the operation and fourteen days after birth. There was unfortunately no autopsy. The author refers to several cases of this kind in literature, without, however, noting the two examples recently reported in the *American Journal of Obstetrics* (February, 1897); he also cites a few instances of uterine prolapse in virginal multiparae of from seventeen to twenty-two years of age. The predisposing cause of the prolapse was thought to be the spina bifida, which led to weakening of the uterine supports and defective development of the pelvic tissues. The exciting cause could not be guessed at: in Quisling's case there had been much crying and straining at stool, but in the instance reported micturition and defecation were normally performed from the very first, and there had been no fits of crying.

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**Dentistry a Very Ancient Profession.**—A floating clipping has reached us that Dr. Geist-Jacobi of Frankfort, Germany, has written a history of dentistry from 3700 B. C. to the present time. According to this it is known that there were men practicing the profession of dentistry in Egypt at least 5,000 years ago.—*Ex.*

**The Journey to Moscow.**—Dr. A. Jacobi, chairman of the American National Committee, gives the following notice concerning the reduction of fares to those who intend to participate in the Twelfth International Medical Congress, to be held in Moscow from the 19th to the 26th of August: On French, Spanish, Norwegian and Oriental railroads, fifty per cent.; on Italian railroads, from thirty to fifty per cent., according to distances; on Hungarian railroads a second-class ticket will be valid for a first-class seat, and a third-class ticket for a second-class seat. On the steamers of the Compagnie générale transatlantique, from New York to Havre, the "minimum summer rates" will be charged; on its Mediterranean line, fifty per cent., and on the West Indian thirty per cent., is deducted. The Messageries maritimes company allows thirty per cent.; the Italian Mediterranean line thirty per cent.; the Constantinople-Odessa line fifty per cent.; and the Austrian Lloyd twenty-five per cent.

## CAMPHO-PHÉNIQUE, THE IDEAL ANTISEPTIC.

BY M. E. CHARTIER,

Docteur en Médecine de la Faculté de Médecine de Paris, Membre Correspondant étranger de la Grande Encyclopédie, Section de Philologie.

Ever since the introduction of antiseptics in medicine and surgery, practitioners have clamored for a preparation which would prove harmless while answering the purpose. Thousands of substances have been tried without success by physicians and surgeons, who invariably returned to the use of corrosive sublimate, carbolic acid and iodoform, notwithstanding the dangers offered by their toxicity. My learned friend, the late Dr. Dujardin-Beaumetz, used to tell me: "If you know an antiseptic which will be stable, deodorizing, active under a small volume, devoid of toxicity, easy to handle, bring it to me; I will abandon forever all the preparations which I advocate in my lectures at the Academy of Medicine of Paris."

The eminent professor of *materia medica* and *therapeutics* would have found exactly what he wanted in the combination of campho-phénique. It is true though that "acide phénique" is rather dangerous in itself; as to camphor, although it has been known a long time, its physiological action never was fully understood. Raspail, the celebrated chemist, based a whole system of medicine upon camphor; yet he never understood thoroughly the therapeutical action of the drug. Bouchardat, the greatest authority on *pharmacy* of this century, realized, however, that camphor would sooner or later occupy an important place in the *materia medica*, not only as a contra-stimulant and stimulant according to dosage, but as an antiseptic. The following lines were written by him in his "*Formulaire Magistral*," for 1847:

"If we consider the action of camphor upon the animal series, we find that it kills plants and inferior animals; that those which it does not poison at once are more or less affected, according to their degree of similarity with the human organism. Therefore man possesses in camphor a weapon with which he can defend himself against all the parasites threatening his existence."

When Bouchardat made the above remarks the bacilli were not known, and antiseptic surgery was but very little recognized.

That camphor was not used as an antiseptic much sooner is probably due to the fact that its physiological effects were not

well understood. Indeed its toxic properties were feared by many practitioners. "Acide phénique," for that matter, has fallen into disuse for a similar reason.

The preparation known as "campho-phenique," however, is perfectly harmless, possessing not only all the antiseptic properties of the two elements, but also producing local anesthesia in a very marked way. Consequently it is obvious to infer that campho-phénique constitutes the best preparation of the kind actually known to the profession.

At the present time, and while the use of the various serums is advocated for the cure of diphtheria, tuberculosis, tetanus, and several other diseases, I have made it a point to experiment with the campho-phénique in regard to its germicide properties.

My experiments were as follows: Distilled water mixed with putrefied blood showed a number of "colonies" of microbes amounting to 80,000 per cubic centimeter—after the addition of campho-phénique, 1 cubic centimeter; number of colonies, 0.

Sewer water: 700,000 colonies or about; after the addition of campho-phénique 1 cubic centimeter—number of colonies, 0.

Cultures of the bacillus of Loeffler and of the bacillus typhosus (diphtheria and typhoid fever) were sterilized with from 2 to 3 per 100 of campho-phénique.

My conclusion is that campho-phénique is a germicide superior in efficacy to creosote and other antiseptics.

This is most interesting if we take into consideration that a large number of scientific men attribute the value of antitoxin (the antidiphtheritic serum) to the antiseptics, particularly to creosote and not to the serum itself. At all events campho-phénique is perfectly indicated in the treatment of diphtheria, as it destroys the bacillus of Loeffler without presenting the dangers of the antitoxin.

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No. 5 SOUTH BROADWAY, ST. LOUIS, Mo., U. S. A.

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VOL. LXXIII.

JULY, 1897.

No. 1.  
Whole No. 679.

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**SUBSCRIPTION RATES.**

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**EDITORIAL.**

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**VOLUME LXXIII.**

We wish to call the attention of our readers to the fact that we are desirous of obtaining short clinical contributions from them, as these are always full of interest to our readers. We desire to make the JOURNAL a friend for whose advent they shall look forward to with pleasure, and read with satisfaction and profit.

We know that this can be easily accomplished if but a slight support in this direction be accorded by each subscriber in the way of contributions to its pages, and subscribers to its list. If we are given but a portion of the support of those for whom we propose to make the JOURNAL a necessity, we are certain that the general improvements made will be pleasing as well as satisfactory to all concerned.

The present number will show some improvements in the typographical appearance, and the variety of contents will compare favorably with any monthly of its price.

To be both interesting and bright, scientific and practical, shall be our constant endeavor in the future, as it has been in the past.

#### A SENSIBLE VETO.

The State of Illinois has good reason to congratulate itself upon the possession of a Governor gifted with good sense and a due regard for the welfare of the citizens within its boundaries. We are led to this conclusion by seeing that he promptly vetoed a bill recognizing the osteopathic school of practice as legitimate. He very justly states that this is a question which comes within the legitimate purview of the State Board of Health.

Poor old Missouri! as has often been remarked. The osteopaths recognized, the homeopaths in possession of the State Insane Asylum at Fulton, the State Board of Health knocked out by the Supreme Court; what is there left for the regular medical profession but to hide its head in shame and acknowledge that the fifth State in the Union in point of population and enterprise is a "tail-end" so far as its medical status is concerned. We feel humiliated at our executive and our courts, but we still feel prouder than ever to be of the regular profession.

#### SPECIALISTS AND SPECIALTIES.

A medical specialist differs widely from the poet, who, we are told, is "born, not made." The medical specialist is made, not born. No specialist has ever yet been born full-fledged from a medical college, though occasionally a young man imagines that such a miracle has been performed. The fledgling who supposes that a medical diploma and a post-graduate course can make a specialist deceives himself, and endangers the safety of the community. Such specialists have done untold harm to the profession. The eye, the ear, the skin, are not simply appendages, each performing its duties independent of the rest, to be treated without reference to the other organs and the condition of the body at large. The successful specialist must also be a competent general physician. In no department of practice is this more true than in pediatrics. No man can ever become a successful practitioner among children who has not a broad and thorough knowledge of general medicine.—*Archiv. of Pediatrics.*

Whilst we fully agree with the conclusions of the writer, we cannot subscribe unreservedly, to the premises. A specialist is born, and cannot be made. If the medical man does not possess

special aptitude, if he does not experience a "call," he will never become a specialist in the true sense of the term. He had better devote himself to general practice and leave specialties to others.

### PROFESSIONAL INCOMES.

The average annual income of a metropolitan lawyer has been quoted as being \$800, but the *New York Herald* of May 16 makes that of the "Gotham" physician to be \$1,630. One who possibly may have inspired the interview stated in the article that his practice brought him \$10,000 each month, while another with a much clearer conscience said he was happy when he received \$100 in the same time. For prudential reasons both these unnamed brothers under the segis of "the Code" teach us nothing of their money-making methods, and thereby incur none of the risks of that "competition" just now so much talked of by politico-economists. With the accord of modesty to the poorer exemplar, let us think of an income of \$120,000 a year with the long line of office patients jostling over each other at \$10 per somersault, and then be deaf to the coarse imprecations of the baffled tax-gatherer who ever flits through the "borough of Manhattan."

Verily we can not believe that our sister city, whom we always sincerely respect, can spare enough from the throngs about her well-appointed charities to support a medical prodigy who has so opened his books to a voluntary receiver. We confess to the view usually entertained by the biographers of rich physicians that more is due to "judicious investments" than to adroit advertising. Moral: Let us avoid the shoals of commercialism and enjoy the peace of the country practitioner who can steal a day or two for the philosophies of life beyond ear-shot of the "dull and sickening thud" of statistics such as these. Meanwhile let us not forget that our brother with so fashionable a practice may be posing before a glass for a grander rôle in the near future. He may prove to be a Paracelsus with much trimmed abilities.

We find the above in the *Journal of the American Medical Association*, and we are rather relieved to state that we have no medical man in St. Louis who is capable of inspiring such a "ghost" story as the *Herald* published. The family of Ananias has not sent any of its brilliant examples this far west up to date.

## MEDICAL PROGRESS.

### MEDICINE.

**Pain and Its Therapeusis.**—Dr. S. V. Clevenger, after pointing out the disadvantages of various analgesic drugs, states that lactophenin is destined to supersede largely the entire array of analgesics proper, owing to its non-toxic peculiarities and the feeling of comfort described by many physicians as following its use. It affords the best results with the least ill effects. Its range of incompatibility is less than other synthetic compounds, and it may be combined with caffeine, quinine and salicylic acid. The minimum dose of 5 to 10 grains may be increased until a daily maximum of 45 grains has been reached. It is but slightly soluble in water, although acting promptly, so that it can be given dry, and be washed down with a drink of water. A dose of 15 grains usually acts as a feeble hypnotic. There are no untoward symptoms following its use, and, contrary to the experience with some synthetic drugs, the pulse becomes fuller and stronger under its use. The range of application is extensive, and the testimony of the author is in corroboration of the findings of other physicians as to its superior analgesic effects, its safety and promptness of action.—R. W. WILCOX, M.D., in *American Journal of the Medical Sciences*, May, 1897, quoting from *Journal of the American Medical Association*, 1897, No. 5.

**Malarial Hematuria.**—As the result of a statistical study, a committee of the Tri-State Medical Association of Mississippi, Arkansas and Tennessee (*Memphis Medical Monthly*) finds that so-called malarial hematuria is a disease of the prime of life, those attacked ranging from three to sixty years of age, twenty-four being the average. No occupation seems to be exempt, the patients representing every class found in the parts of the country from which the reports were received, and in due proportion. The colored race is not entirely exempt; among fifty-seven cases, five were in colored persons. Forty-one cases occurred in males and sixteen in females. All of the cases occurred between July and March, the largest number, seventeen, occurring in October; the next, twelve, in August; the next, ten, in September; then five in November, four in December and February, three in Jan-

uary, one in July and March. Three of the patients were intemperate, forty-four were credited with good habits, and as to ten no statement was made concerning the mode of life. It was not found that the drinking-water was responsible for the disorder. Fifty-one cases were reported as occurring in persons who had been subject to malarial attacks for a greater or lesser length of time. In all of these the fever was of the intermittent type. Of the fifty-seven cases the onset of the haematuria was marked by a chill in thirty-nine, in nine by fever, and in nine no data on this point were furnished. Nausea and vomiting were present in all but three cases. The urine was reported to be of a pokeberry-juice color in twenty cases, black in twenty-five, wine color in seven, chocolate color in three, and pokeberry-juice changing to chocolate in two. Jaundice was appreciable in fifty-four cases. In thirty-six cases quinine had been certainly given before the attack; in only one case had quinine not been given. Forty-two of the cases were treated on an eliminative plan, without the use of quinine, with thirty recoveries and four deaths, the latter as a result of complications. In thirteen cases quinine was the basis of treatment, with eight recoveries and five deaths.—*Record.*

**Case of Hairy, Pigmented Mole Treated by the Röntgen Rays.**—At a meeting of the Society of Physicians of Vienna, Dr. Freund exhibited a child, four years of age, the entire surface of whose back was pigmented and covered with thick hair. The disease extended to the lateral part of the thorax and upper half of both arms. This thick hairy investment was continuous without transition with the hairy scalp. Encouraged by the work of Marcuse, who had produced a dermatitis and fall of hairs after a long exposure to cathodic rays, Freund began to experiment upon the child on November 24, 1896. The exposure lasted two hours each day for twelve days. The tube was placed at a distance of ten centimeters (nearly four inches).

On the twelfth day the hairs began decidedly to fall, and on December 18 there was, as when exhibited, a total alopecia of the lower third of the occiput, the nucha, and the upper part of the scapular region. By changing the manner of the experiments it was shown certainly the action was due to the cathodic rays and not to those of the anode or to an electric current of high tension, or to the caloric rays.

The explanation of this action still remains within the domain of hypothesis. The fall of the hair may be due to the dermatitis. It is uncertain whether the hair will hereafter return. The dermatitis was rapidly cured by an ichthyl ointment. The fallen hairs were examined by Dr. Zemann, who found a variable degree of atrophy of the bulbs.—*La Medecine Moderne ; Medical Bulletin.*

**Hemoptysis.**—Dr. J. M. Cotton (*Canadian Practitioner*), from his own clinical experience and knowledge of pathology, considers the following as the chief causes of hemoptysis: 1. Hemorrhage from the pulmonary artery or its radicles. (a) Rupture of wound of the lung from external violence. (b) Active hyperemia of the lungs—*inflammatory, vicarious, or induced by violent effort or excitement.* The active hyperemia may be primary as regards the lungs, or may supervene or be attendant upon disease already present in them. (c) Mechanical hyperemia of the lungs, secondary to heart disease or embolism of one of the pulmonary branches, or to pressure from tumors, such as enlarged bronchial glands. (d) Necrotic division of vessels in the course of softening of tuberculous or other consolidations in destructive lung diseases—*phthisis, tuberculosis, cancer.* (e) Aneurismal dilatation or simple erosion of branches of the pulmonary artery, exposed in the course of excavation of the lung, or ulceration of the bronchial mucous membrane. (f) Primary atheroma of the pulmonary artery within the lung. 2. Hemorrhage from the bronchial capillaries. Capillary hemorrhage from the bronchial mucous membrane. 3. Hemorrhage from the aorta or one of its great branches. Aneurism rupturing through the lung or into a bronchus.—*Med. Rec.*

#### THERAPEUTICS.

**Bismal.**—This new drug is a metylendigallate of bismuth, having a considerable astringent property, and is very powerful in combatting colliquative diarrhoea.

It has another advantage over bismuth in acute and chronic diarrhoea of being more solvent, and, therefore, less liable to cause uneasiness from large doses. Externally, it has also been successfully employed in atonic ulcers and gangrenous sores. When granulation surfaces are dusted with bismal the wound

heals much more rapidly than with dermatol or any other similar substance. Its action seems desiccating and constricting to the granulations. The dose internally is about fifteen grains.—*Med. Press.*

**Cajaput Oil for Croupous Pneumonia.**—In the *Indian Medical Gazette* Sinha reports that he has treated eighteen cases of pneumonia with oil of cajaput with great success. He gives it in doses of five drops in emulsion every four or five hours.

We note, however, that in several instances he continued its use with nux vomica and camphor and other drugs, which may have had much to do with the good effects produced.—*Ex.*

**The Administration of Creosote.**—The *Journal des Practiciens* recommends the following formula for the administration of creosote, the prescription being put up in cachets:

R	Creosote,		
	Benzoin.....	.....	āā gr. xv.
	Powdered charcoal.....	.....	3jss.

Triturate the creosote and the benzoin for a moment together and add by degrees the charcoal. This mass is then to be divided into five or ten cachets, each one of which will contain a proper dose. It is claimed that this prescription is very well borne by the stomach.

**Ergotin and Gallic Acid in Nephritis.**—Pulvirenta gives the following prescription:

R	Ergotin .....	.....	5
	Acidi Gallici.....	.....	8
	Ext. et Pulv. Rad. Ratanhiæ.....	.....	3

M.

Fiat. pil. No. xxiii.

Sig. One pill to be taken four times a day.

R	Ergotin .....	.....	2
	Acidi Gallici.....	.....	4
	Saccharin .....	.....	0.5
	Muc. Gum. Arab.....	.....	200

M.

Sig. Teaspoonful to be taken twice daily.

These drugs are vascular astringents, and therefore diuretics. Like cantharides, they are contraindicated when cardio-vascular compensation is efficient and diuresis copious.

They can only be of use when arterial tension is low, dropsy urgent and urine scanty. Even here they should be combined

with cardio-vascular stimulants, such as digitalis, squill, straphanthus and strychnia, otherwise there is danger of overtaxing the heart by increasing its labor.—*Treatment.*

**For the Migraine Accompanying Anemia.—**

Rx Ext. cannabis indic .....	gr. $\frac{1}{8}$
Ac. arseniosi.....	gr. $\frac{1}{60}$
Ferri pulv.....	gr. $\frac{1}{2}$

M.

Ft. Pl. No. 1.

Sig. One pill three times a day, increasing if necessary to two, or even three pills a day.

Or

Rx Ext. cannabis indic.....	gr. $\frac{1}{6}$
Pulv. digitalis.....	gr. ss
Ferri lactatis.....	gr. ij.

M.

Ft. Pil. No. 1.

Sig. One pill three times a day after meals.—*Med. News.*

**For Acute Gastric Catarrh.—**

Rx Bismuthi subnit.....	gr. x
Potassi bromidi .....	gr. xv-xx
Ac. hydrocyanici dil.....	m. v
Spt. chloroformi.....	m. x
Mucilag. acacie.....	3ij
Aquaæ .....	q.s. ad 3j

M.

Sig. To be taken every three or four hours about ten minutes before food.—*Brunton.*

**PHYSIOLOGICAL AND PATHOLOGICAL NOTES.**

**A Fatal Case of Poisoning by Red Oxide of Mercury.**

—The infrequency of deaths from this cause seems worthy of allusion, says Dr. Louis T. Mitchell in the *Boston Medical and Surgical Journal*. He then details the following case: The patient gave a history of having been sick three days with vomiting and diarrhea. Absolutely denied eating or drinking anything that could give rise to his symptoms, and also denied having taken any poison. He complained only of severe pain in the abdomen, and especially on the right side; made frequent attempts at vomiting, but ejected nothing save a little clear or greenish fluid occasionally. According to his statement he had considerable diarrhea before coming to the hospital, but he had only had one passage during his stay in the institution, which was serious and

colored red. Just before death he acknowledged having taken an unknown quantity of "red precipitate."

The necropsy showed the base of the tongue and mucous membrane of larynx of a deep-purplish hue. Stomach about one-quarter distended with food, colored grayish pink; small lumps of mineral visible here and there. The stomach walls were coated with a layer one-quarter of an inch thick of pultaceous matter. On washing this off, the mucous membrane appeared pale; it was much softened, and could be readily scraped off by the finger nail. The duodenal mucous membrane was also softened, and the contents here showed much larger lumps of the mineral. No trace of it was found beyond here. The lower part of the small intestine contained considerable fluid similar to "rice-water."

**Injection for Anatomic Specimens.**—Dr. A. Hewson reports that fresh bodies injected with the following fluid are indefinitely preserved, and the muscles are of a red color, allowing vessels and nerves to be readily seen during dissection:

Arsenious acid .....	4 ounces.
Glycerin .....	6 fluidounces.

Mix thoroughly in mortar, and boil in water (14 quarts) until dissolved; then add

Rock salt .....	7½ pounds.
Potassium nitrate .....	2 pounds.
Carbolic acid (No. 1) .....	4 fluid ounces.
Glycerin .....	6 quarts.
Menthol alcohol .....	4 quarts.

—*Phil. Polyclinic.*

#### **Effect of Drugs on Secretion from the Tracheal Mucous Membrane.**—1. Alkalies increase secretion.

2. Potassium iodide increases secretion.
3. Emetine markedly increases secretion.
4. Saponin in small doses does not increase secretion; in large doses it decreases secretion.
5. Cold, when applied to the abdomen, increases secretion.
6. Heat, when applied to the abdomen, decreases secretion.

—*Ex.*

**The Cause of Warts.**—Schall (*Arch. f. Dermatol. und Syph.*) saw a wart develop on his own finger in eight days, at a point where a number of minute glass splinters had entered the

skin, but without producing any apparent wound. The wart was treated with caustic alkali and removed entire, and the splinters of glass were found in its base. The author raises the question whether all warts do not have a similar etiology. They occur usually on exposed portions of the body, and especially in children, whose tender skin, and their disposition to play in the sand and dirt, give abundant opportunity for the local irritation of the papillæ by foreign bodies.—*Med. News.*

**Lucilia Hominivorax in Tonquin.**—According to Depied (*Archives de médecine navale et coloniale*), says a writer in the April number of the *British Journal of Dermatology*, *Lucilia hominivorax* is not restricted to Guiana, Peru, and Mexico, where it every year causes many deaths. In 1889, Baurac, a French naval surgeon, published a case which came under his observation at Tay-Ninh, in Cochin-China (*Archives de médecine navale et coloniale*). In August and September, 1895, Depied saw two cases at Cho-Moi, in the hill regions of Tonquin. On the 8th of August an Annamite soldier was brought to the author for an affection of the scalp in which two openings were found about the occipital region communicating with fairly deep cavities. The borders of the openings were ragged, raised, and lumpy. The author injected an antiseptic solution into the cavities to remove the accumulated dirt, and two large nests full of larvæ were discovered. The larvæ were lying in a vertical plane (perpendicular to the surface of the scalp), closely packed together in several layers. As it proved difficult to remove them, owing to their being very adherent, chloroform was injected. The larvæ immediately became very lively, and were readily picked out. This was repeated five times altogether. On the 12th of August the cavities were quite empty, and healthy granulations springing up.

In September the author saw another case, also affecting the scalp, but in this instance there was but one nest. He also observed a nest of these larvæ in the skin of the belly of a horse, close to the genital organs. Although the larvæ were apparently larger than those observed in the Annamite soldier, they gave rise to the same flies. *Lucilia hominivorax* is not therefore restricted to man.—*N. Y. Med. Jour.*

## TERATOLOGY.

**Congenital Absence of the Radius.**—Dr. Henry Ling Taylor reported to the American Orthopedic Association two cases of congenital absence of the radius in female infants. In the first, twenty months old, the absence was bilateral, and had been confirmed by skiographs. There was clubhand on both sides, which had been much improved by splinting. The fingers were well formed, and there was no deformity elsewhere, except an unnatural mobility of the left knee-joint inward, with a tendency of the head of the tibia to subluxation backward. This was a delicate infant, the fourth child, all the others having been free from defect. In the second case, that of a baby two weeks old, and the thirteenth child, the radius was absent on the right side only, and the right hand was clubbed; both thumbs with their metacarpals were wanting. The baby died at the age of a few months. No other case of deformity was known in the family. A résumé of the literature was given, with a discussion of fifty-two additional recorded cases, and reference was made to the neuro-archipterygeal and the tight-amnion theories of causation, the latter being preferred on account of analogy with absent fibula, cases of persistent thumb (like the author's first), presence of pseudo-cicatrices, and for other reasons. The paper concluded with reference to the various operations which had been proposed for the condition, and with a recommendation that preliminary corrective splinting be more persistently applied.

**Teratoma of the Tunica Vaginalis.**—Koslowski (*Virchow's Archiv.*) reports an interesting teratoma of the tunica vaginalis testis removed from a boy one year and nine months old. The tumor had no connection with the testicle, was surrounded by a fibrous capsule, and had attained the size of a plum. Microscopic examination showed the presence of cysts and tubules lined by a columnar epithelium, and resembling the tubules of the rectum; cysts with ciliated epithelium; and cyst-like spaces, the walls of which had the structure of the skin, showing epiderm, hair and hair-follicles, sebaceous and sweat glands.

Parts were also found resembling more complicated organs, as *e. g.*, a chambered structure suggesting the heart. Cartilage and nerve cells arranged in the form of ganglia were likewise present. The tumor represents an embryo, the parts of which have, so to

say, been mixed and have remained in the earliest developmental stage.

This tumor is well explained on the "parthenogenetic" theory of Wilms.—*Univ. Med. Mag.*

**Congenital Teeth.**—Dr. Fosbery (*British Medical Journal*) reports a case in which a left lower central incisor was observed projecting above the gum on the morning following the birth of the child. The mother noticed that the child bit when first put to the breast; the next morning the tooth was apparent.—*Ex.*

**A Congenital Tumor of the Gum.**—A. Givel (*Revue Médic. de la Suisse Romande*) extirpated from the jaw of a newly-born baby a smooth, tense, elastic tumor, covered with mucous membrane,  $1\frac{1}{2}$  cm. long and 1 cm. wide. A microscopical examination proved it to be a granuloma or sarcoma in the first stages of development. It was interesting to note that three days after its removal a tooth made its appearance at the identical spot of the former implantation of the tumor. A recurrence has not been observed as yet (six years after the operation).—*Pediatrics.*

#### DISEASES OF WOMEN AND CHILDREN.

##### Formulæ for Extract of Felix Mas in Children.—

Rx	Extr. filicis mar. eth.....	4.0
	Calomel .....	0.4
	Aqua destill.	
	Sacchari albi.....	aa 15.0
	Gelatin.....	q.s.

M.

Sig. To be taken twice or three times.

Rx	Extr. filicis maris eth.	
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Tinct. vanilla.....	aa	3.0
Syr. terebinth.		
Aq. distill.....	aa	25.0

M.

Sig. One dose to be taken in milk.—*Revue Intern de Médic et de Chir.; Pediatrics.*

**A Long Pregnancy.**—E. F. Ross of Sidney reports the case of a III. para, whose previous pregnancies were uneventful, in whom fetal movements were first felt on September 30th, 1895, and recognized by the writer, October 6th, and noted weekly by him until her delivery May 20th, 1896. As fetal movements cannot be recognized by the examiner before the third month of

pregnancy, at least eighty-four days must be added, which make the period of her gestation three hundred and eleven days. Menstruation persisted for three months after the appearance of fetal movements. The delivery was accomplished by artificial dilatation of the cervix and high forceps under chloroform. The fetal membranes were very thick, and there was very little liquor amnii. The placenta was adherent. The child, a female, weighed about ten pounds. The posterior fontanelle was closed, the anterior fontanelle was small.—*The American Gynec. & Obstet. Journal.*

**Prevention of Post-Partum Hemorrhage.**—Atthill (*British Medical Journal*) has used with great success the following prescription in the prevention of post-partum hemorrhage:

R	Liq. strychninæ .....	3j
	Ext. ergotæ .....	fl ʒij
	Inf. ergotæ .....	q. s. ad. ʒvj

M.

Sig. A teaspoonful three times a day.

This medicine is begun on the thirty-fifth week of gestation.

He draws the following conclusions:

1. When administered previous to the termination of pregnancy in the case of a woman in whom a tendency to post-partum hemorrhage is known to exist, it tends in a marked degree to prevent its occurrence.
  2. In ordinary doses it does not produce any injurious effect on either mother or child, and it seems to delay the commencement of labor.
  3. It tends to make the involution of the uterus more perfect, and lessens the chance of the occurrence of subsequent uterine troubles.
  4. It will not bring on premature labor or induce abortion unless uterine action has previously been set going.
  5. In threatened abortion it seems to act as a uterine tonic, and in some cases tends to avert a miscarriage, provided the ovum is not blighted.
  6. If the ovum is blighted, and especially if it is detached, ergot usually hastens its expulsion.
- His belief is that ergot does not originate uterine action, but stimulates the uterine fibres when once they have begun of their own accord to contract.

## SURGERY.

**Nausea from Chloroform Anesthesia.**—When an operation under chloroform has been finished, pour vinegar upon the mask until it is well saturated, and leave the mask in place. As the vinegar evaporates, more should be added. This simple procedure has a marked effect in preventing or modifying the nausea after chloroform anesthesia. It was first advised by a French surgeon, who says that it acts by the vinegar forming a non-irritating combination with the chloroform vapor already changed in the lungs.—*Virginia Medical Semi-Monthly*.

**Soft-Rubber Goods** rapidly deteriorate by the destruction of the material of which they are made. This rotting process is supposed to be due to the action of the atmosphere and moisture. We cannot keep them in a vacuum, but my Esmarch bandage, now fully eighteen years old, is still unimpaired; the result probably of always keeping it in a small, tightly closed tin can, where it has been but little exposed to atmospheric changes.—*Parcells, quoted in Medical Record*.

**Successful Suture of a Penetrating Wound of the Heart.**—At a recent meeting of the German Surgical Society, Rehn (*Deutsche med. Woch.*) reported the case of a man 22 years old who was stabbed with a knife in the left chest and came under observation in a most unfavorable condition, with dyspnea and cyanosis, almost pulseless and covered with blood. A wound was found in the left fourth intercostal space. The area of cardiac percussion dulness was increased to the right; the heart-sounds were clear. On the following day the condition of the patient had improved, but the area of cardiac dulness had increased. On the third day the condition had grown worse, the pulse failing and the respiration becoming greatly accelerated. The area of cardiac dulness had increased still more and the patient appeared moribund. Operation was now decided upon and an incision was made in the fourth intercostal space, the fifth rib also being divided, and the pericardium exposed. When the wound in this sac was enlarged a large clot was encountered and an incised wound of the right ventricle 1.5 cm. long was found. No blood escaped during systol, and it was possible to compress the wound with a finger without embarrassing the action of the heart. Three silk sutures were introduced during diastole and the hemorrhage ceased. The pleura was irrigated

with saline solution and together with the pericardium packed with gauze. Immediately after the operation pulse and respiration were better. The surgical progress of the case was complicated by purulent pleurisy necessitating later reopening of the pleura. Except for slightly increased activity of the heart, the condition of the patient was an excellent one seven months after the accident.—*Jour. Am. Med. Ass.*

**Anesthetic Mortality in Germany.**—According to Dr. Gurlt of Berlin the total number of patients anesthetized during the two years 1885 and 1896, was 58,769, and of these 32 died, the proportion of deaths being, therefore, 1 in 1,836. The statistics for the last seven years comprise 327,599 cases of anesthetization, with 134 deaths, or 1 death in 2,444. The proportion of deaths with pental was 1 in 230; with chloroform, 1 in 2,039; with Billroth's mixed method (morphine, chloroform, and alcohol), 1 in 3,807; with ether, 1 in 5,090; with ethyl bromide, 1 in 5,228, and with mixed ether and chloroform anesthesia, 1 in 7,594. Ether narcosis, as usual, was responsible for a certain number of cases of bronchitis and pneumonia. In addition cases have been reported in which exanthemata followed the use of this anesthetic. Interesting as are all statistics bearing on the anesthetic death rate in various countries, their practical value is reduced almost to zero by the absence of information bearing on the methods of administration in respect of each agent. Moreover, these figures appear to comprise only hospital cases, and they would doubtless have to be greatly modified were returns forthcoming of the mortality in private practice. It is really time that the great medical societies of the principal European countries set to work to elucidate the conditions under which these deaths occur, deaths which there is but too great reason to believe are to a great extent avoidable.

**To Preserve Surgical Instruments From Rust.**—Dr. Boyd, who practices in the West Indies, where the atmosphere is very moist at times, had great difficulty in keeping his surgical instruments free from rust until he began using sulphuric acid. In the *Medical Record* for May 8, he describes his method as follows: "The doors of my instrument case are made to fit tight, and on each shelf I keep a wide-necked glass receptacle (a whisky glass will do) in which I place two or three drachms of sulphuric acid (C. P.), leaving the receptacles open." The acid

has a great affinity for water, and absorbs the moisture in the case. In a month or so it becomes too dilute and must be renewed.

Chemists use this method to prevent moisture accumulating on their balances. They also use chloride of lime, and Dr. Boyd has tried this, too, but he states it does not act so well, and becomes saturated much quicker. Physicians in warm climates and near the seashore would do well to try this method.

#### ORTHOPEDIC SURGERY.

**Orthopedic Treatment of Spastic Paralysis in Children.**—Dr. Samuel Ketch states that patients thus affected are those whose mentality is (1) *nil*, (2) diminished, and (3) normal or nearly so. The treatment should include special education of the muscles. "I have never seen any advantage from the use of electricity in any form. If used at all, constant current may have a good sedative effect. Massage has but little value in these cases. Mechanical treatment is directed to improvement in locomotion or reduction of deformity, and produces its best effects in patients whose intellects are least impaired, and in deformities of the lower extremity, especially when the judicious use of the superincumbent weight corrects the elevated and inverted feet. Tenotomy is certainly a useful resort. Opposition to it is based on theoretical grounds, and the results in patients that are not proper subjects for operation, or whose after-treatment was neglected. With growth there is a lessening of the spastic element, and the degree in which this has been placed by a fixed deformity should be considered in undertaking mechanical or operative treatment. Patients in whom the deformity is the result of marked spasm, resist treatment or are liable to relapse. Apparent mental improvement occurs, with better locomotion and general improvement."—*Philadelphia Polyclinic*.

**Congenital Dislocation of the Hip.**—Dr. E. H. Bradford, of Boston, on behalf of the American Orthopedic Association, opened the discussion on this subject before the Congress of American Physicians and Surgeons, illustrating the various conditions by lantern slides. Speaking of the diagnosis, he said that congenital dislocation of the hip was not likely to be confounded with other conditions, unless it might be coxa-vara. In the latter, however, the gait was unlike that so characteristic

of congenital dislocation. In operating on these cases, the best line of incision was that employed by Lorenz, namely, one passing from the anterior superior spine of the ilium obliquely downward along the outer edge of the tensor vaginæ femoris and anterior edge of the gluteus medius muscle. The femoral head and acetabulum having been exposed, the acetabulum was curretted until sufficiently deep to receive and retain the head of the femur. The reduction of the dislocation was often rendered difficult by the surgeon failing to freely divide the attachment of the capsule to the lesser trochanter.

Dr. Bradford said that a new method of treatment, also devised by Lorenz, was now being given a trial. In this no incision was made, but the child was subjected to a preliminary stretching for several days. The child should be placed in a horizontal frame, and the limb gradually abducted at the same time that traction was made. The object of this is to stretch the shortened capsule. After a few days of this stretching, the child was placed under an anesthetic, and the limb subjected to traction at right-angles to the body. He had found that this could be most conveniently done by means of a Thomas splint with a windlass attachment at its inferior extremity. The limb should next be flexed and abducted, and, while in this position, put up in a spica bandage of plaster-of-Paris. After a week or two the child should walk on crutches, being instructed to keep the leg slightly abducted. In concluding his remarks, the speaker states his belief that congenital dislocation of the hip, coming under treatment between the ages of two and five years, was a curable condition.—*Boston Med. and Surg. Jour.*

#### PROCTOLOGY.

**The Treatment of Puritus Ani.**—Brocq (*Journ. de Méd. de Paris*) recommends the following treatment for itching of the anus: The patient is to apply first a soothing ointment of vaselin and oxid of zinc, and then a large quantity of the following powder, which is kept in position by absorbent cotton:

R	Powdered camphor .....	2 parts.
	Oxid of zinc .....	30 parts.
	Subnitrate of bismuth .....	30 parts.
	Chalk .....	40 parts.

Frequent baths with borated water or tar soap are advisable, and the introduction at night of a suppository of cocoa butter

containing cocaine and extract of belladonna is often a useful addition to the treatment.—*Medical News*.

**Horse-chestnut as a Remedy for Hemorrhoids.**—The *Therapeutische Wochenschrift* attributes to Artault the discovery that the horse-chestnut, the seed of *Aesculus Hippocastanum*, in the form of a fluid extract, exerts a prompt remedial action in painful and hemorrhagic attacks of hemorrhoids. He has used it without a failure in twenty-one cases, and in only two was any unpleasant effect observed. In those two a recurrence of the menstrual flow took place in about ten days after its cessation. The following formula is given:

R Fluid extract of horse-chestnut ..... 1 oz.  
Chloroform ..... 5 drops.

M.

Sig. Ten or fifteen drops to be taken, in a glass of wine or *eau sucrée* twice a day, before eating.

If there is much hemorrhage, the following may be substituted:

R Fluid extract of horse-chestnut ..... 5 drachms.  
Fluid extract of hamamelis ..... 2½ “  
Oil of peppermint ..... 2 drops.

M.

Dose, fifteen drops, twice a day.—*N. Y. Med. Jour.*

**A Diagnostic Sign of Fecal Tumors.**—Gersuny calls attention in the *Wiener Klin. Wochenschr.* to a symptom of fecal tumors, that is to say, of tumors formed by the accumulation of fecal matter in the large intestine. The symptom is due to a peculiar sensation which one receives by pressing deeply with the finger tips against the tumor and then withdrawing the fingers very slightly. The intestinal mucous membrane is pressed by the finger tips against the fecal matter, and when the pressure ceases it resumes its former position, giving to the fingers a characteristic sensation.

The sensation is described as being similar to that experienced if the finger tips are covered with grease and first applied and then withdrawn from the palm of the opposite hand. Several conditions are necessary in order to produce this phenomenon in connection with fecal tumors. The mucous membrane must be sufficiently dry; the fecal mass must permit the fingers to press into its substance a little; and there must be sufficient gas to cause the intestinal wall to resume its original position when the

pressure is relieved. Finally, when all these conditions are present, palpation must be made with great delicacy. Gersuny has verified this symptom in three cases of fecal impaction.—*Med. News.*

#### OPHTHALMOLOGY.

**Colored Spectacles.**—Pergens (*Klin. Monatsbl. f. Augen*) finds that smoked or neutral glasses allow red rays to pass through more easily than other rays, and for that reason they are not to be recommended as protecting glasses, the red rays causing most irritation of the retina. For the same reason, ordinary blue glasses are also faulty; whereas a combination of a dark blue-green glass with a Number 6 blue glass excludes red, and is to be recommended. In measuring smoked and blue glasses he takes as unity the weakest glass which at one metre does not transmit the light of a Hefner amyacetate candle. Contrasting glass and rock-crystal, he remarks that glass absorbs much more of the ultra-violet rays and is therefore to be preferred for cataract glasses.

**Acute Glaucoma.**—Twelve years ago a married woman aged sixty-seven years was roused about three o'clock in the morning by violent pain in the right eyeball, accompanied by vomiting, great prostration, and loss of perception of light (glaucoma fulminans). A surgeon was called in, some drops were used, and general directions given, but no operation was suggested, and the patient went on from bad to worse until the eye was completely lost. Three months ago the left eye was attacked during sleep, with precisely the same symptoms—pain, vomiting, prostration, and loss of perception of light. Notwithstanding her bitter experience with the right eye, similar treatment was adopted for the left for three weeks. I then found the eye-ball stony hard, the cornea steamy, the iris muddy, the pupil dilated to a rim, and the patient profoundly insensible to the most brilliant light. I immediately excised a large piece of iris (about a fourth), taking care to establish a filtrating cicatrix, an operation which was exceedingly difficult; but on its completion the painful symptoms ceased as if by magic; and sight was gradually restored, so that she can now with a little trouble read newspaper type without glasses, distinguish letters an inch long at twenty feet, go about by herself, and manage her own affairs.—TAYLOR, *Medical Age*.

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*AUG 14 1899*

**A New Source of Conjunctivitis.**—Despauguet (*Bull. de Médic.*) has called the attention of the Paris Society of Ophthalmology to a special and as yet undescribed form of conjunctivitis due to infection from animals, or rather from the remnants of slaughtered cattle. He has noticed it among butchers and those people dwelling in the vicinity of slaughter-houses. The inflammation is usually limited to one eye, and consists in a kind of glandular swelling of the conjunctiva, together with considerable number of granulations of the eyelids and eyeball, which, on pressure, exude yellowish pus. The cornea is unaffected and there is no pain, but the eyelids are swollen. As a concomitant symptom, there is more or less swelling of the parotid and of the cervical glands which sometimes even suppurate. The treatment employed was that of iodoform salve and hot compresses locally, and sulphate of quinin internally. After fourteen days considerable improvement was noticed.

Abadie also has had considerable experience with this form of conjunctivitis, among butchers especially. He has had several cases under observation in which the disease affected both eyes, and has also observed that it often occurs in an epidemic form.  
—*News.*

**The Light-Perception Power.**—This is an aid to diagnosis and prognosis in diseases of the eyes, but the instruments hitherto in use to determine the power have all failed in exactness as the standard of light used varied, and the shape of the object was also a factor in the result. Henry Wall suggests a new instrument for the purpose, which consists of an oblong box, one end covered with a piece of cloth like a photographic camera. In the other end is an opening fitted with nine discs of ground glass, arranged so that they can be removed one by one. A candle stands thirty-three milimeters outside of the box in another box that prevents any flickering of the flame. After remaining five minutes in absolute darkness; the subject puts his head at the large open end of the box, one eye is bandaged and the head is covered with the cloth. The ground glass discs are then removed one by one, and he is instructed to state the moment he perceives the sensation of light. The standard of measurement is the number of discs through which he can perceive the light. By this instrument the disturbances due to nicotin, alcohol, albuminuria, diabetes, etc., can be differentiated

and the chances of recovery estimated. The greatest loss of light-perception power is found in pigmentary rhinitis.—*Ophthalmic Review*.

**Spontaneous Hemorrhage in the Vitreous Body**, or "apoplectic eye," offers an unfavorable prognosis unless effective treatment is instituted at once to prevent the occurrence of the same hemorrhage in the other eye, when the patient becomes totally blind. Professor Panas remarks that it is usually consecutive to syphilis, gout, alcoholism or nasal affections, and therefore the blood should be disinfected, alcohol replaced by milk, the nasal passages rendered antiseptic, and he administers even when there is no syphilis, biniodized oil as a general antiseptic, in 4 milligram injections, supplementing it later with hypodermic injections of arsenic, as he has witnessed a supposed double sarcoma of the orbit vanish completely with the administration of sodium arseniate alone. He concludes his study of the subject in the *Presse Méd.* of April 3, by calling attention to the infective nature of such troubles, which involve the highest questions in general pathology.—*J. A. M. A.*

#### GENITO-URINARY DISEASES.

**Gonorrhea**.—Dr. J. G. Möhlau, of Buffalo, writes in the *New York Medical Journal*: The best of all remedial injections I have ever used in (gonorrhreal) urethritis, chronic or acute, is the following:

Rx Antipyrin .....	10.0
Tinct. ferri chlor .....	10.0
Trit. bene et adde.	
Aquæ dest .....	q. s. ad 150.0 to 250.0

I use a six-ounce syringe (Ultzmann) with a Mercier (*coudé*) catheter, which I insert as far as the prostatic urethra; inject after having cleaned the urethra with 6 to 12 ounces of boiled water. I next inject 3 to 4 syringefuls, so that about 6 ounces enter the bladder, in order to prevent cystitis. It all passes out alongside of the catheter.

**Prostatic Hypertrophy**.—In a paper read before the British Medical Association, at its recent meeting, Dr. McEwen stated that he had operated in five cases, three by double orchidectomy and two by resection of the vas deferens. His conclusions were:

1. In many cases castration causes more or less trophy of the prostate.

2. Atrophy occurs most commonly when the prostate is soft.
3. It is of the most value when the enlargement is general.
4. Cystitis may be relieved or cured.
5. In marked cystitis drainage is better.
6. It may do away with the necessity of the use of the catheter.
7. Or the catheter may be required less frequently.
8. Resection of the vas deferens acts more slowly, but the effect is similar.—*The British Medical Journal; Pittsburg Med. Review.*

**The Application of the "Barnes Bag" to the Male Urethra.**—Dr. Allaster Cox (*Australasian Med. Gazette*) says: Perhaps the trial of "Barnes Bag" principle to the male urethra may be of service to some other practitioner in the treatment of those trying cases of hard stricture often met with. I have used a soft drainage tube sealed at the one end, which is passed over a small bougie, and then manipulated through the stricture; or a soft rubber female catheter, with the eyelet sealed, answers well. The bougie being withdrawn, inject into the "bag," or tube, as much warm water as it is possible to get the patient to allow and then tie the outlet. The patient wears the tube for as lengthy a period as he is able. Usually in a few hours the stricture will be found to have yielded as much that the larger-sized bougies can be easily, and without pain, passed, and the treatment can be continued with the most happy results.

I consider that the dilatation is accomplished with less pain, quicker and more permanently, than by the usual method, and gives success where often other methods fail. There is also the benefit that the patient is having the stricture dilated whilst attending to his ordinary business, in wearing the distended tube. The difficulties are the great desire at first to constantly urinate, and the trouble in the earliest stage to introduce the instrument.

**Floating Kidney.**—Dr. Walker (*Cinc. Lancet Clin.*) reports a case of floating kidney containing three dermoid cysts and several agglutinated cysts, treated by laparotomy, with recovery. His conclusions are as follows:

1. A distinction ought to be made between the terms displaced, movable and floating kidney.
2. Floating kidney, although rare, does occur.
3. Floating kidney proper cannot be reached without opening

the peritoneum. Movable kidney can generally be reached by an incision in the loin without opening the peritoneum.

4. As floating kidney is always congenital, if its secreting function is interfered with by any change in the kidney substance, the remaining kidney enlarging readily secretes the normal quantity of urine.

5. In floating kidney with a long mesonephron, if nephrectomy is decided upon, the incision in the median line will be probably the easiest and safest operation.

#### DERMATOLOGY AND SYPHILOLOGY.

**Massage in Skin Diseases.**—Massage in the treatment of skin diseases encourages the circulation, induces more active nutrition, and materially assists in the removal of diseased tissues, infiltrations and effusions by increasing molecular changes by means of mechanical stimulation. As usually performed, however, it is in many cases an unpleasant duty, and consequently seldom carried out so regularly or thoroughly as it ought to be. I have found that in a great many cases the massage can be sufficiently well performed by using an india-rubber roller instead of the hand, thus avoiding unpleasant contact with the skin. I have now recommended this method in skin cases for some time, and find it answers admirably. It is easy of application, and can be applied largely by the patient, though the back must be massaged by some other person. The roller I usually recommend is the ordinary roller used in photographic work, and there are others made which act equally well.

Another method of stimulating the skin in isolated patches is by the use of a blunted Volkmann's spoon, or by a curette, both of which instruments I have used with benefit. This method, however, is best applied to the face and neck, and can only be performed by the surgeon. I have found it of great value in obstinate cases of acne and psoriasis and localized indurations.—  
*TIBBLES, Med. Age.*

**Sweating Feet, and Their Treatment.**—According to Frey (Switzerland), all that is necessary successfully to combat bromidrosis of the feet, is to wash them once or twice daily with a 2-per-cent. solution of formalin. Especial attention should be paid to the plantar surface and to the interdigital spaces. The fetid odor usually disappears after the end of a few days.

It is well to rinse the shoes and stockings also with the same solution, particularly the inner side of the sole, which should be wiped dry after each lavage. By these simple procedures, Dr. Frey has obtained excellent results in cases which had been unsuccessfully treated with salicylic-acid powders and by chromic-acid applications.—*Am. Med.-Surg. Bull.*

**Formalin an Approximate Specific for Ringworm.**—An interesting editorial note has appeared in *Guy's Hospital Gazette*, calling attention to a recent paper by Mr. Alfred Salter, on the treatment of ringworm by formic aldehyde, or formalin. This treatment is now so well known in Guy's, and has had such a conspicuous success, that it should be part of the ordinary practice of every old Guy's man. There seems no doubt that it is the almost specific treatment for the disease, especially in obstinate and hitherto incurable cases. And yet this discovery rose from the annoying fact the inventor's cultivations of the ringworm microbe were all killed one night through his having left the stopper out of the formalin bottle. So do fates at times turn good out of evil.—*The Therapeutic*, London; *Jour. Am. Med. Ass.*

**Report of Leprosy.**—The Committee of the New York County Medical Society, through its chairman, Dr. Fowler, reported at the December meeting that in the opinion of the committee leprosy was probably infectious, though not necessarily contagious. In certain regions it is endemic, and here it is apparently contagious, although the mode of contagion is unknown. Other conditions than mere proximity seem to be essential before leprosy can be counted contagious disease. Whether these conditions relate to soil, climate, food, or habits of life, are unknown. In the regions where new cases are developing, segregation is justifiable and proper; but to adopt that principle here, and apply it indiscriminately to all lepers, would be unnecessarily arbitrary, and hence unjustifiable. It would be the same as proclaiming to the community the existence of a grave danger, which is not true. Whether lepers should be treated in institutions with other persons, or assigned to separate institutions, is a question of expediency, and must be decided by our public officers. The committee thought that the quarantine and emigration authorities should make a special effort to exclude lepers.

The report was adopted unanimously.

**A New Treatment for the Removal of Fibromas, Warts, etc., by Electrolysis.**—Dr. George T. Jackson showed to the American Dermatological Association an instrument he had devised that might be of interest to the general practitioner as well as to the dermatologist. All had met with cases of little fibromas, or warts, that were annoying on account of their looks. In removing them with acids, if too much acid was used there was apt to be a bad scar. Salicylic acid would remove them, but it was a slow process. The speaker had formerly used an ordinary needle with electrolysis. Lately he had taken a very fine knife used by ophthalmic surgeons, had had it cut off from the handle and fitted into his needle holder. It had worked like a charm. It was passed under the base of the growth, a current of three or four milliamperes was turned on, and with a little pressure on the knife the growth was cut off without the least loss of blood. The deep parts were not injured if the operation was done carefully, and a scarcely perceptible scar was left.—*N. Y. Med. Jour.*

**Ulcers of the Leg.**—The principles in the treatment of simple ulcers of the leg are strict cleanliness, the application of remedies which will promote granulation and cicatrization, and the use of bandaging in that large class of cases in which venous stagnation is present. Excision of the margins of the ulcer, strapping, caustics and skin transplantation, are only required in exceptional cases. While up to a few years ago iodoform was the most prominent remedy in these cases, so many reports of toxic effects from its use have been published that it is now less and less employed in the treatment of ulcers, especially of extensive character. According to Dr. L. Nied of the Elizabeth Hospital of Vienna (*Wien. Klin. Rundschau*; *New York Med. Jour.*) europhen is a satisfactory substitute for iodoform, at least so far as ulcers of the leg are concerned. He employs it in two forms, mixed with an equal amount of very finely-powdered boric acid as a dusting powder, and in the shape of an ointment made by dissolving three parts of europhen in fifty of vaseline over a water bath and adding fifty of lanolin. This ointment, he says, is rather weak, and there is no objection to increasing its strength to that of 5 or even 10 per cent. of europhen, especially in cases of torpid ulcers which show no tendency to heal. He gives brief accounts of twelve cases in which no other remedy

was employed, all but two of which were examples of chronic ulcers of the leg in middle-aged and elderly women. No other treatment was used than ordinary cleanliness of the ulcer, followed by application of europhon. The healing process set in promptly, and there was no irritation of the adjacent tissues. the resulting cicatrices were smooth and purple. In general the employment of the powder of europhon and boric acid brought about cicatrization more rapidly than that of an ointment. Dr. Nied considers europhon a sovereign remedy in the treatment of the leg.

#### NEUROLOGY.

**The Pathology of Aphasia.**—The carefully observed case which Dr. Bastian brought before a recent meeting of the Royal Medical and Chirurgical Society will be of the greatest importance, not only to physicians who are interested in the subject of aphasia, but also to physiologists and psychologists. The patient, who had been under almost continuous observation for eighteen years, was almost completely aphasic, and yet at the necropsy Broca's convolution was found to be intact. Those who have followed Dr. Bastian's luminous teaching on the subject of aphasia will remember this case as frequently made use of during the patient's lifetime to demonstrate peculiar speech defects which Dr. Bastian, correctly as result proved, attributed to disease at the posterior extremity of the fissure of Sylvius. But, apart from the value of the case as showing that a lesion of Broca's convolution is not essential for the production of aphasia, the case is important with reference to the actual position of the centers for recording auditory and visual sense impressions. In Dr. Bastian's case there was throughout ability to understand what was said, and to read, although the patient could not read aloud. This appeared to imply that these sensory centers were performing their function. But from the careful pathological report of Dr. Risien Russell the supra-marginal, angular, and temporo-sphenoidal convolutions, where these centers are commonly believed to be located, were entirely destroyed. It is difficult to find in the pathological report any evidence that the lesion was of progressive nature, although Dr. Bastian feels compelled to assume that it was so and that the parts of the right hemisphere having gradually taken on the function. This, however, is purely hypothetical. The patient appears never to have

had word-blindness or word-deafness, and there is no history pointing to any gradual education of the right hemisphere. The case was carefully observed and admirably recorded, and it will be better to wait for further light from similar cases before deciding exactly what its teaching is with regard to the seat of the sensory process concerned in the expression of ideas by words.  
—*Lancet.*

**A New Method for Localizing Brain Lesions.**—Mr. Robert Cox, of Shanghai, China, describes in the *British Medical Journal* what he calls "a simple and infallible means of mapping out on the scalp the positions of any (or all) of the underlying convolutions of the cerebral cortex."

The apparatus consists of two parts:

1. A cerebro-graphometer, and
2. A diagrammatic map (on a gnomonic projection) of the external surface of the brain.

The cerebro-graphometer consists of the mechanical device known technically as "lazytongs," formed into a circle with two loops—one bearing numerals and the other letters from A to V.

"Localizing is performed as follows: Extend the instrument and apply the end of the lettered loop marked V to the occipital protuberance and the other end to the globella, then press down the loop to the scalp in the middle line and close the circle round the head so that the 10 on the numbered loop will lie on the lettered loop. Consult the chart for the bearings and place the letter 10 on the letter of longitude, when the number of latitude will rest over the part sought for. This instrument is equally applicable to all sized heads, and forms its own unit of measurement for each."—*N. O. Med. and Surg. Journ.*

**Treatment of Alcoholism.**—In the alcoholic wards of Bellevue Hospital the following formula of Dr. Flint's is often employed:

Rx	Nit. strychn .....	gr. viii.
	Acid salicylic .....	gr. iv.
	Alcohol .....	ʒi.
	Aquæ .....	ʒiii.

M.

Sig. Fifteen drops (gr. 1-16 of strychn.) hypodermically, two or three times daily.

This is to be made up antiseptically.

Dr. C. L. Dana, in these wards, employs strychnia, and also endeavors to throw about the secondary treatment of these cases the strong mental suggestion of a "cure." His custom is to select, for the cure treatment, from the convalescents of an acute attack of alcoholism only those who have reasonable intelligence and show real evidence of sincerity in their desire to reform. He does not hesitate to say that the suggestive and moral influences thrown about the "cure" are borrowed from the idea of the Keeley and other alcohol cures of the country.—*Kansas City Med. Rec.*

**School-Made Insanity.**—Harris-Liston (*Lancet*) reports a case of insanity in a boy of 16 years, which had as its cause repeated blows upon the head with the open hand, which were administered as punishment. He notes other contributory conditions which prevail in schools and which make insanity not infrequent. The age of puberty, the reprehensible practice of working scholars in the early morning before breakfast and after a long fast, and the emotional influence of constantly recurring religious services carried out in some schools to a ridiculous extent.—*Univ. Med. Mag.*

**Cocaine for Tetanus.**—A Mexican boy, about twelve years old, had tetanus, and cocaine was prescribed in the usual sized dose, but the druggist by mistake gave ten times the amount. This was not known till after the remedy had been given, but the result was *complete recovery!* The same was tried in another case with a similar result — BOWMAN, in *Medical World*.

#### MEDICO-LEGAL.

**Death from Apoplexy Not Covered by Accident Policy.**—An "accident policy" of insurance covenanted for the payment of an indemnity if death resulted from injuries through "external, violent and accidental means alone, independently of all other causes," and expressly stipulated that it should "not cover injuries of which there is no visible mark, nor death resulting wholly or partly, directly or indirectly from disease or bodily infirmity." Death resulted from apoplexy, an attack of which followed certain work that required stooping and a run up a little hill. Under these circumstances, the United States Court of Appeals holds *Travelers' Insurance Co. vs. Selden*, February

2, 1897, that the case should have been taken from the jury and a verdict for the insurance company directed. It says that the sense in which the word "accident" was used in the policy, as shown by the context, and as expounded in similar cases, was as meaning "an event which proceeds from an unknown cause or as an unusual effect of a known cause, and therefore unexpected," something casual and fortuitous. Where an event occurs which can be readily explained as an operation of Nature, working through natural, usual and ordinary laws, that it declares, can not be called an accident. Consequently, the death in question must be attributed to disease and not to "accident."—*Kansas City Med. Rec.*

**The Possession of Anesthetics** has been declared illegal in New York State by the Legislature, and Governor Black has signed the bill. It is a felony for other than a duly licensed physician to have an anesthetic about him with the intention of giving it to another person. In other words, the "knock-out drops" are put on the plane of other concealed weapons.—*Ind. Med. Jour.*

**Liability of Physician Making Examination for Third Party.**—Where a physician undertakes to examine a person, and to report whether he is diseased, the supreme judicial court of Massachusetts holds, in *Harriott v. Plimpton*, Oct. 21, 1896, that he is bound to have the ordinary skill and learning of a physician, and to exercise ordinary diligence and care. If he fails, and the person examined is injured because of his want of such skill and learning or his want of such care, he is answerable in damages. The fact that the purpose of such examination is information and not medical treatment is, in the opinion of the court, immaterial. But the breaking of a marriage engagement of the person examined, in consequence of a wrong diagnosis, the court considers too remote a damage to sustain an action. Whether the physician has used ordinary care, learning and diligence is, upon the evidence, for the jury to determine. When the physician's subsequent conversations with third parties on the subject of the examined person's condition are had under circumstances which justify him in communicating the information, the court further holds that the absence of express malice is a defense to an action for slander.—*Jour. Am. Med. Ass.*

## BOOK REVIEWS.

**The Eye as an Aid in General Diagnosis. A Hand-Book for the Use of Students and General Practitioners.** By E. H. LINNELL, M.D. 8vo.; pp. 248. [Philadelphia: The Edwards & Docker Co. 1897.]

This is certainly a most useful aid to the practitioner in his work of formulating a diagnosis. It is the only work of its kind in the English language, with the possible exception of Kries' large work on the "Relations of Diseases of the Eye to General Diseases." The great advantage possessed by the work before us is that it is not necessary to be an ophthalmologist to be able to understand it and make practical application of the knowledge which it contains. It is for this reason, no doubt, that the various ophthalmoscopic pictures presented in certain diseases have not been presented. This does not mean, however, that the various changes which occur at the fundus have not been described. In fact, quite a certain amount of stress is laid upon these intraocular symptoms, and very correctly too.

A valuable portion of the book is that devoted to the superficial and deep anatomy of the optic nerves, of the ocular muscles and related structures. Enough of the principles of optics is also furnished to give the reader a clear idea of the causes of certain symptoms which are observed in diseased conditions.

The book, on the whole, is well written, and printed in large, clear type on good paper. We are pleased to have noted its appearance, and do not hesitate to predict that it will serve as a stimulant to further work in the same direction.

**Lippincott's Medical Dictionary. A Complete Vocabulary of the Terms Used in Medicine and the Allied Sciences. With their Pronunciation, Etymology and Signification, Including Much Collateral Information of a Descriptive and Encyclopaedic Character. Prepared on the Basis of Thomas's Complete Medical Dictionary.** By RYLAND W. GREENE, A.B. With the Editorial Collaboration of JOHN ASHHURST, JR., M.D., LL.D., GEO. A. PIERSOL, M.D., and JOSEPH P. REMINGTON, PH.M., F.C.S. Imperial octavo; pp. 1154. [Philadelphia and London: J. B. Lippincott. 1897.]

It has been said that "of the making of books there is no end," but it might be said with an equal amount of truth that of the making of good books there scarce seems a beginning. We are led to make this observation by contemplating the truly magistral work before us. It is not merely a dictionary, but a reference work also in great part. The definitions are written with a master-hand, and are critically constructed. Wherever

necessary, additional information is furnished in a terse, incisive manner, so that he who has occasion to refer to any word is properly supplied with the information desired. That this information is correct may be easily surmised when we but take into consideration the names of the admirable collaborators.

Another good quality which this dictionary possesses—and, after all, it is the most requisite—is completeness. It is true that some few terms have been omitted, but they are such as will not be found in medical literature, ancient or modern. Obsolete and obsolescent terms, on the other hand, which occur in older books find a rightful place in the pages of Lippincott's Dictionary. It thus becomes an aid to the medical reader, and to him who delves into the works of the older authors, and becomes truly helpful to the student of past generations.

We could write pages commendatory of the work, but it speaks for itself, and once acquired will never be parted with by him who is its fortunate possessor. All the information that can be desired from an etymological point of view is furnished, and the data which are given are all reliable. The latest terms are given, so that we may truthfully say that it is the most complete dictionary issued up to date. The book, whilst a large volume, is not cumbrous. It is easily handled, well bound to suit the requirements it is intended to serve, and it is typographically excellent and printed on an extra quality of paper. It certainly deserves a large sale, and will meet with it, if superior excellence is any criterion. The publishers are certainly to be congratulated on the issuance of this really meritorious work.

**Disorders of the Male Sexual Organs.** By EUGENE FULLER., M. D. 8vo.; pp. 241. Illustrated with Eight Plates and Twenty-five Figures. [Philadelphia: Lea Brothers & Co. 1895. Price, \$2.00.

This is an analytic work which cannot but prove a revelation to all those who have had occasion to treat the disorders of the male sexual organs. Beginning with an elaborate, exact and thorough consideration of the anatomy of the male pelvic organs, the author devotes particular attention to the seminal vesicles. He gives them that consideration which their importance demands, and with this basis he proceeds to take up their physiological functions. He demonstrates very clearly, to our mind, that they are not merely reservoirs, but organs whose functions are of the highest importance in so far as emission is concerned.

Passing on to the pathology of the diseases or conditions playing an important part in the sexual derangements of the male, he shows, in a very conclusive manner, that there are comparatively but few which are really psychical in origin, nearly all having some more tangible cause for their existence. Seminal vesiculitis, its clinical features and differential diagnosis, are

drawn with a master hand. Everyone who reads these chapters will appreciate the revelations made by the author, and the apparent simplicity which characterizes cases which seemed before inexplicable. This portion of the book alone is worth its price several times over. We certainly look upon it as the best exposition of the subject we have ever seen.

Treatment is given, both medicinal and surgical. It certainly is the strongest argument the author could advance against the psychic origin of impotence and allied disorders. This is conclusively shown by the clinical histories of cases which terminate the book. Taken altogether, this is not only a most interesting, but it is a very valuable monograph on the subject. Every genito-urinary surgeon no doubt possesses a copy; at least he should. Every general practitioner should obtain one, as it will not only prove a source of instruction to him, but of benefit to his patients.

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## LITERARY NOTES.

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**Books Received.**—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

Lippincott's Medical Dictionary. A Complete Vocabulary of the Terms Used in Medicine and the Allied Sciences, with their Pronunciation, Etymology and Signification, including much Collateral Information of a Descriptive and Encyclopædic Character. Prepared on the Basis of Thomas's Complete Medical Dictionary. By Ryland W. Greene, A.B. With the Editorial Collaboration of John Ashurst, Jr., M.D., LL.D., George A. Piersol, M.D., and Joseph P. Remington, Ph.M., F.C.S. Imperial octavo, pp. 1154. [Philadelphia and London: J. B. Lippincott Co., 1897.

The Eye as an Aid in General Diagnosis. A Hand-Book for the Use of Students and General Practitioners. By E. H. Lin nell, M.D. 8vo., pp. 248. [Philadelphia: The Edwards & Docker Co., 1897.

Disorders of the Male Sexual Organs. By Eugene Fuller, M.D. 8vo., pp. 241. Illustrated with Eight Plates and Twenty-five Figures. [Philadelphia: Lea Brothers & Co. 1895. Price, \$2.00.

**In Preparation for Early Publication.**—We are informed by Mr. W. B. Saunders, 925 Walnut Street, Philadelphia, that he has in preparation the following works, each one of which is above the average:

An American Text-Book of Genito-Urinary and Skin Diseases. Edited by L. Bolton Bangs, M.D., Late Professor of Genito-Urinary and Venereal Diseases, New York Post-Graduate Medical School and Hospital, and William A. Hardaway, M.D., Professor of Diseases of the Skin, Missouri Medical College.

An American Text-Book of Diseases of the Eye, Ear, Nose and Throat. Edited by G. E. De Schweinitz, M.D.; Professor of Ophthalmology in the Jefferson Medical College, and B. Alexander Randall, M.D., Professor of Diseases of the Ear in the University of Pennsylvania and in the Philadelphia Polyclinic.

Surgical Diagnosis and Treatment. By J. W. Macdonald, M.D., Graduate of Medicine of the University of Edinburgh; Licentiate of the Royal College of Surgeons, Edinburgh; Professor of the Practice of Surgery, and of Clinical Surgery, Minneapolis College of Physicians and Surgeons.

A Text-Book of the Theory and Practice of Medicine. By James M. Anders, M.D., Ph.D., LL.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia.

Tuberculosis of the Genito-Urinary Apparatus, Male and Female. By Nicholas Senn, M.D., Ph.D., LL.D., Professor of the Practice of Surgery and of Clinical Surgery, Rush Medical College, Chicago.

A Text-Book of Gynecology. By Charles B. Penrose, M.D., Professor of Gynecology, University of Pennsylvania.

A Text-Book of Obstetrics. By Barton Cooke Hirst, M.D., Professor of Obstetrics, University of Pennsylvania.

A Manual of Orthopedic Surgery. By James E. Moore, M.D., Professor of Orthopedics, and Adjunct Professor of Clinical Surgery, University of Minnesota, College of Medicine and Surgery.

A Text-Book of Embryology. By John C. Heisler, M.D., Prosector to the Professor of Anatomy, Medical Department of the University of Pennsylvania.

Pathological Technique. By Frank B. Mallory, A.M., M.D., Assistant Professor of Pathology, Harvard Medical School; Assistant Pathologist to the Boston City Hospital; and James H. Wright, A.M., M.D., Instructor in Pathology, Harvard Medical School; Pathologist to the Massachusetts General Hospital.

Penrose's Gynecology will be ready for delivery in a couple of months. The price will be \$3.50 net. The majority of the others will appear during the fall and early winter.

A new volume in Saunders' Aid Series is Diseases of Women. By J. Bland Sutton, F.R.C.S., Asst. Surgeon to Middlesex Hospital, and Surgeon to Chelsea Hospital, London; and Arthur E. Giles, M.D., B.Sc. Lond., F.R.C.S. Edin., Asst. Surgeon Chelsea Hospital, London.

The **Hypnotic Magazine** is a most interesting publication devoted to an investigation of the science of hypnotism, its uses and abuses, and its therapeutic possibilities. It is edited by Sidney Flower, whose works on hypnotism have made him well known, and he is aided by a number of well known physicians. A careful reading disclosed many important truths, and the editor has very wisely chosen to follow the teachings of Bernheim and the school of Nancy. The *Magazine* is an octavo monthly of 64 pages whose subscription price is \$1.00 per annum. The publishers are the Psychic Publishing Co., 56 Fifth Ave., Chicago.

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## MELANGE.

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**The American Gastro-enterological Association.**—During the meeting of the American Medical Association a new association was organized which will be known as the American Gastro-enterological Association. Its members will consist of those who are especially interested in diseases of the digestive tract.

**Medico-Legal Importance of the Excrements.**—Prof. Moeller has an article in the *Wien. klin. Rundschau* of March 14, calling attention to the value of the testimony afforded in criminal proceedings by microscopic examination of the dejecta. He suggests that criminals arrested on suspicion should be interrogated as to what and where they had eaten recently, and the feces will confirm the truth of their assertions or the reverse, disprove an alibi, etc. He mentions two separate instances where the criminals were traced and brought to justice by the casual discovery of fig seeds in the excreta, and adds that the microscope should be used more frequently than at present in criminal proceedings.

**Privileged Communications and Physicians.**—At the trial of a recent will case in the Middlesex Superior Court in Cambridge, Mass., Dr. D. W. Cheever, surgeon in the Boston City Hospital, gave evidence as to having treated the testator from January of the year 1882 to September, 1884. He at first declined to state the nature of the disease, pleading professional confidence as a reason, and mentioning the fact that in eight other States there were laws prohibiting such communications. On the court deciding that he should answer, the witness gave his testimony without reserve. The court held that according to the laws of Massachusetts lawyers only were allowed privileged communications.

## MISCELLANEOUS NOTES.

**Kennedy's White Pinus Canadensis.**—Dr. C. Morrosa, 1045 Mission Street, San Francisco, Cal., says: I have used S. H. Kennedy's Extract of *Pinus Canadensis* (White) in one case of gonorrhea. A lady had a discharge for months, and had been treated with iodine crystals in water as an injection, with no effect except to soil her clothing. I gave her a bottle of S. H. Kennedy's White *Pinus Canadensis*, giving directions for use as injection interally; gave fluid ext. *prunus virg.* as a tonic. She lives in Alameda, and only yesterday she sent me some other sufferers, telling them I cured her. I will say in conclusion that your preparations are good; I have used them in some minor cases that I did not think worth while noting at the time, always with success.

**It Has No Rival.**—At a meeting of the American Medical Association, held at Washington, D.C., Dr. John H. McIntyre reported "Ten Selected Cases of Laparotomy, with Remarks." From this paper, published in the *Journal of the American Medical Association*, we quote as follows:

"I use but little opium or morphia, for the reason that these drugs, by locking up the secretions, limit the power of elimination and therefore favor septicæmia. For over a year past, in cases of laparotomy where pain and rise of temperature were present, I have used Antikamnia in ten-grain doses, with the happiest effects."

A further objection to opium and its derivatives is referred to in an article by Dr. Herman D. Marcus, resident physician, Philadelphia Hospital (Blockley), published in *Gaillard's Medical Journal*, from which we quote: "There is probably no group of diseases in which pain is such a prominent and persistent symptom as uterine or ovarian disorders, and in no class of cases have I been more convinced of the value of Antikamnia than in the treatment of such affections. An obstacle in the use of morphia is the reluctance with which some patients take this drug, fearing subsequent habit. Antikamnia causes no habit, and I have never found a patient refuse to take it."

**Bromidia in Nervousness and in Cystitis.**—I have prescribed Bromidia, with pronounced success in several cases of nervousness and restlessness, and in one case of acute cystitis. I have combined Papine with Bromidia, which gave instant relief. Parentheti-

-cilly, I may say, I have personally used a teaspoonful of Bromidia, after having successively lost several nights' rest, and procured a refreshing night's rest with no bad after effects.

Philadelphia, Pa., Feb. 23, 1897.

CHAS. E. QUETIL, M.D.

**Peacock's Bromides the Ideal Sedative.**—It is my experience that the ideal sedative, the preparation that is the most potent in allaying the restlessness of typhoid fever, pneumonia, and other acute diseases, is that well-known, chemically pure preparation, Peacock's Bromides. It is head and shoulders over any mixture of commercial bromides—therefore I use it—it gives the best results. I also find it to be a sterling remedy in the nervousness of rum drinkers. The restlessness and nervousness attendant in acute diseases can usually be controlled by a few half teaspoonful doses. It is well worthy of a place in the armamentarium of every physician.

Ephrata, Pa.

H. G. REEMSNEYDER, M.D.

**Listerine in Cholera Infantum.**—For the antiseptic treatment Listerine alone, or Listerine Aqua Cinnamon and Glycerine, or Listerine, Bismuth and Mistura Creta will meet many requirements of the practitioner during the summer months.

The following well-tested formulæ are submitted:

Rx	Listerine .....	3j.-ij.
	Simple syrup.....	3vj-vij.

M.

Sig. Teaspoonful every two or three hours.

Rx	Listerine,	
	Glycerine (c p.)	
	Syr. simpl.	
	Aqua Cinnamon.....	āā 3j.

M

Sig. Teaspoonful every one, two or three hours.

Rx	Bismuth Sub. Nit. ....	3ss.
	Tr. Opil .....	gtt. xx.
	Syr. Ipecac,	
	Syr. Rhei Arom .....	āā 3ij.
	Listerine .....	3ss.
	Mist. Crete.....	3j.

M.

Sig. Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children ten or twelve months old.

# THE ST. LOUIS Medical and Surgical Journal.

Whole No. 680.

VOLUME LXXXIII.—AUGUST, 1897.—No. 2.

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## ORIGINAL COMMUNICATIONS.

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### THE HUMAN BRAIN; ITS DEVELOPMENT AND ABNORMALITIES, HEREDITARY AND ACQUIRED.\*

BY WILLIAM HENRY, M.D., HARMON, ILL.

The brain of a newborn infant is a blank with no impressions made upon it; soon we begin to see impressions for being —we can see intellectual developments gathering one by one, each day adding something new to its store of knowledge as it gradually gathers new ideas, new things that surround it. These come from various sources. If these at first are constantly good, it scarcely ever goes away from its first impressions; if they are of an evil tendency it usually follows that the child will always have an evil tendency, just as it is said a person will never forget his mother tongue. They are liable to continue evil or good through life; it seems to be eternally stamped upon their character, sometimes even from conception.

The tendency to good or evil may be acquired from the early good or bad associations that they may be thrown into in early or the incipient stages of life.

As many habits which have become formed have become so interwoven in their nature that it is almost impossible to break

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\*Read before the Rock River Valley Medical Society.

away from them. When the individual is in this condition it is one form of insanity—an unbalanced mind; he does not have the will power to stop or say no, or break away from it. Thus habit has its victim as it were bound with chains unable to extricate itself from the demon, no matter how much it may try.

Take, for example, the individual who has become a confirmed tobacco, whisky, opium, morphine or cocaine user; he finds that he has lost the will power to break the spell that binds him to the accustomed habit. Such are practically insane in that particular direction, as they have lost the will power to break away from it.

The fixed habit, it may be, formed in early life or in later years.

I do not despise those who have formed these habits, but pity them, for they may have been formed and led into them by bad associates in early life.

The habit of habitual swearing and blackguarding is a species of insanity and becomes a part of their nature, and they do it without thinking. Anger is a temporary insanity. Men may do things in a fit of rage which they would not think of doing in their sober moments.

Men may become temporarily insane during a political campaign, and do and say things they would not at any other time. We have different kinds of insanity described by authors on insanity. The kleptomaniac, who has an insane propensity to steal; he will take things and can give no reason why he does it. The dipsomaniac, who becomes drunk and is mad for drink of any kind of stimulant if he does not get it; such cases are of an hereditary tendency, and are to be pitied rather than despised; they are not to blame, but their ancestors are.

Look at the miser who has become insane over his money. He thinks of nothing else; he piles his gold away and gloats over it; it becomes his god; he is insane and has lost all reason. Some have starved to death with thousands of dollars stowed away, too miserly to give it for either food or clothing. We cannot term this state of a person's mind anything else but insanity.

Some of these cases are hereditary and others are acquired and brought on to themselves by greed for money.

There are very few among the many who have a well-balanced mind in every respect. Crime of every kind is a form of insanity, hereditary or acquired. If we follow up the criminal

classes we find that they have an unbalanced mind, a lack of moral brain development, little of the moral and intellectual, more of the animal; have a low, degrading tendency, a peculiar kind of immoral insanity; their tendency usually from childhood is evil continually, born and bred into them. As I pass along the streets of a city and view mankind as it passes along, I often am led to think how few of this mass of humanity have evenly balanced minds in every respect. Their minds are drawn in some direction more than another. They do not have full control of their will power. The sons of Esculapius are not an exception, and I might add daughters, as we have them now in our ranks.

The gambler is a person of an unbalanced mind. He has his whole thought set on games of some kind to gain his object. His thoughts run in that direction.

The man, or woman, who has become a slave to any habit which he is unable to stop at will is insane or of an unbalanced mind. Yet in other directions he may be perfectly rational. They are in the general acceptation of the term not such, as they are not dangerous to let run at large, because they have not lost their will power in other directions, and are able to keep within the bounds of reason.

Humanity is a poor wreck of nature, as it has so often violated nature's law that it has become a freak of the design of its creator.

There is a class of beings who lose their reason over love affairs; their minds to start with are unbalanced, or they would not let such things get away with them or their reason. They become carried away with that one idea that there is none in the wide world but that particular one on the face of the earth. They do not stop to reason that there is as good fish in the sea as ever was caught. Our insane asylums have many such cases in them, and pitiable ones are they, lost to every one but that which they dote and ponder over.

Those whom we call fanatics upon any subject, whether politics, science, or religion or anything else, are men and women of unbalanced minds. They may be rational upon every other subject but that particular one.

I know a young man who has a peculiar melancholic state of mind, who goes about with his head down, scarcely speaks unless spoken to; he goes in a stupid condition; at one time as bright a

boy as any person would wish to see, with bright prospects before him. I think that his condition was acquired, not of an hereditary tendency.

I believe that the man Guiteau, who shot President Garfield, was insane; thought that he was doing a great thing assassinating the president. Pendergast, who shot and killed Carter Harrison, mayor of Chicago, was insane. I do not claim that they did not deserve punishment. Such persons are dangerous to run at large. They should be taken care of.

The so-called Christ Sweinfurth, who has his heaven near Rockford, is a man of unbalanced mind, and those of his followers are no better. All such isms start from a delusional insanity. No well-balanced mind would think of such a thing.

Spitzka, in his work on insanity, speaks of many forms of *non compos mentis* which I would not have time to mention or comment upon.

We as physicians should teach men healthy physical and mental development as well as to try to heal disease which is tearing and wrecking the physical as well as the mental; set good examples and teach men and women to avoid anything which has a tendency to breed disease either mental or physical.

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**Twelfth International Medical Congress.**—The Executive Committee of the Congress has received from the Minister of Transportation about 7,000 free first-class tickets to Moscow and return, which will be placed at the disposition of the members of the Congress. In order to secure a free ticket each member of the Congress must inform the General Secretary of the route he will take to and from Moscow. The tickets will not be issued to the wives and families of members.

**First International Exhibition of Dentistry and Dental Surgery.**—An International Exhibition of Dentistry, Dental Surgery and Hygiene, will be held this year in September at the Marlborough Hall, Polytechnic Institute, Regent Street, London, W. Foreign exhibitors who are not able to attend the exhibition, or who have no representative in London, can, if desired, be represented by the management, and have their exhibits placed, arranged and attended to during the exhibition. All applications to be addressed to the offices of the Exhibition, 18 Hart Street, W. C.

## TWO INTERESTING CASES OF COMPOUND, COMMINUTED FRACTURE OF THE SKULL.

BY OTTO SUTTER, M.D.

Superintendent of St. Louis City Hospital.

Elsie K., age 6, entered the hospital Sunday, July 4th, at 10.40 p. m., suffering with a compound fracture of the skull. The wagon in which this child was riding, together with her father and two other sisters, was struck by an electric car, throwing the occupants to the street. In this manner the patient received the fracture of the skull. On arriving at the hospital, an hour after the accident, on examination the patient had a good pulse, respirations normal, pupils both slightly contracted, responded slightly to light. There was a slight scalp wound over the site of the coronal suture, about an inch to the left of the sagittal suture. Brain substance was oozing from this wound. The only indication for immediate trephining was due to the fact that the brain substance was injured. By making a semi-circular incision in the scalp in such a manner as to expose the entire left side of the skull, it was found that the left parietal bone, a portion of the frontal bone, the malar and the squamous portion of the temporal bone, the left parietal bone, about two inches posterior to the coronal suture, was driven into the brain substance. The meninges were ruptured to the extent of one and one-half inches and badly lacerated; the hemorrhage was profuse. The spiculae of bone were removed and some large pieces, which entered the brain substance were also removed; the hemorrhage was checked. The meninges was torn in such a manner that it could not be united by sutures, thus allowing the lacerated brain to protrude in the form of a cerebral hernia. The scalp wound was united by interrupted silkworm gut sutures. The wound was united by first intention, patient has no temperature, and every other way her condition is normal.

August L., age 6, comminuted fracture of the skull. While playing on the sidewalk he was struck by a brick, which fell from a two-story building. Patient was brought into the hospital June 30th, at 3.45 p. m., with no symptoms of fracture. Scalp was slightly contused, and the tissues composing the scalp were infused with blood, thus forming a considerable hematoma, so much so that it was difficult to discover the fracture. On

anesthesia and digital pressure slight crepitation could be felt over left ear. This patient was prepared for operation. A semi-circular incision was made into the skull, including the periosteum, extending from one inch of the coronal suture and extending posteriorly to the lambdoid suture. The scalp lay back. The periosteum was badly lacerated. The fractured portion of the left parietal bone was depressed into the brain substance. The spiculae were removed; the small pieces were scattered through the brain tissue, immediately around the rent in the meninges. The rent was about two inches long. There was a severe intracranial hemorrhage. Two-thirds of the left parietal bone was removed and a portion of the squamous portion of the temporal bone. The portions of the bone and brain clot were removed; considerable brain substance was lost. The scalp was united, as in the previous case, by interrupted silkworm-gut sutures. Patient's temperature previous to the operation was  $101\frac{1}{2}$ , remained 100 until two days after the operation; since then the temperature has remained normal. Wound is healing by first intention.

Both above cases will undoubtedly recover, as they are sitting up.

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**Mississippi Valley Medical Association.**—The next meeting of the Mississippi Valley Medical Association will be held in Louisville on Oct. 5, 6, 7, and 8, 1897.

All railroads will offer reduced rates.

The President, Dr. Thos. Hunt Stucky, and the Chairman of the Committee of Arrangements, Dr. H. Horace Grant, promise that the meeting will be the most successful in the history of the Association, and this promise is warranted by the well-known hospitality of Louisville and Kentucky doctors.

Titles of papers should be sent to the Secretary,

DR. H. W. LOEB,  
3559 Olive Street, St. Louis.

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## CHLORO-PHÉNIQUE—THE IDEAL ANTISEPTIC.

BY A. V. L. BROKAW, M.D., ST. LOUIS.

For several months past I have been using in my hospital and private surgical practice peroxide of hydrogen in its various preparations, chloro-phénique, and other well-known antiseptic preparations, and during the whole of this period accurate and comprehensive records have been kept of the behavior of, and results obtained from, each of these antiseptics. No favor was shown to any, each being used in turn as the cases came up, and the conclusions to which I have been led by these records warrant me in saying that chloro-phénique, in all that goes to make an antiseptic for general use, is far superior to any and all the others.

These results are absolutely conclusive. In a series of one hundred cases in which chloro-phénique was used, it yielded the most gratifying results. The cases were those arising in general surgical practice, and included traumatisms from the most trivial to the very gravest met with in such practice—injuries involving the extremities, the results of railroad accidents, fractures in every degree, injuries from machinery (mashing, crushing, grinding), injuries involving the great cavities, the abdomen and thorax, even the skull, and in all of these this antiseptic (chloro-phénique) was used solely and throughout, and I have no hesitation in saying that as an antiseptic for general surgical use, there is none other in the entire range that can claim superiority over it; and, further, that in the treatment of minor surgical affections, met with in every day practice, it has no equal.

As a general antiseptic, in the treatment of venereal diseases and in the surgical emergencies arising therefrom, or as sequels thereto; as a mouth-wash, for washing out the bladder or other cavities (either in full strength or in dilutions as weak as one in twenty); in the treatment of cutaneous affections; in septic and infectious conditions; and in erysipelas—in all these chloro-phénique has yielded me most excellent results.

In the treatment of ulcers, of solutions of continuity of the soft parts, of old sinuses—in fact, of any and all cases where indications for an active, energetic antiseptic are present, chloro-phénique may be depended upon with the utmost confidence.

In the routine office work of the laryngologist, otologist, and

of those treating the various catarrhal diseases and affections, whether acute or chronic, the use of this antiseptic in varying strength will yield results that are surprising.

In typhoid fever and typhoidal conditions generally, chlorophénique, diluted, will be found of the greatest value as a mouth-wash, being found most grateful and gratifying to the patient. The same is true when it is used as a collutary or a gargle in aphthous affections, or as a spray in chronic or acute affections of the nasal or naso-pharyngeal cavity, in tonsilitis, and the various throat affections, particularly those conditions arising during an attack or as sequelæ of the grippe.

These are strong endorsements, but they are endorsements fully justified by many months of constant use and careful observation, and they are called forth by the sincere desire that other practitioners shall know the preparation and derive the same satisfaction from its use as I and my patients have derived. It is the ideal surgical antiseptic—I can say no more.

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**The Hamilton Decalogue.**—The following terse sayings are attributed to the late Dr. Frank H. Hamilton: “1. The best thing for the insides of a man is the outside of a horse. 2. Blessed is he who invented sleep; but thrice blessed the man who will invent a cure for thinking. 2. Light gives a bronzed or tan color to the skin; but where it uproots the lily it plants the rose. 4. The lives of most men are in their own hands, and, as a rule, the just verdict after death would be—*felo de se*. 5. Health must be earned—it can seldom be bought. 6. A change of air is less valuable than a change of scene. The air is changed every time the wind is changed. 7. Mould and decaying vegetables in a cellar weave shrouds for the upper chambers. 8. Dirt, debauchery, disease and death are successive links in the same chain. 9. Calisthenics may be very genteel, and romping very ungenteel; but one is the shadow, the other the substance, of healthful exercise. 10. Girls need health as much—nay, more than boys. They can only obtain it as boys do, by running, tumbling—by all sorts of innocent vagrancy. At least once a day girls should have their halters taken off, the bars be let down, and be turned loose like young colts.”—*Woman's Medical Journal*.

## CORRESPONDENCE.

### STUDY OF THE AMERICAN MEDICINAL FLORA.

The Sub-Commission of the Pan-American Medical Congress appointed to study the medicinal plants of the United States has entered into an association with the Smithsonian Institution for that purpose. The attention of our readers is called to the respective circulars issued by these organizations, which we print below:

SMITHSONIAN INSTITUTION,  
WASHINGTON, D. C., May 26, 1897. }

Dear Sir: The Smithsonian Institution has undertaken to bring together all possible material bearing on the medicinal uses of plants in the United States. Arrangements have been made with a body representing the Pan-American Medical Congress, the Sub-Commission on American Medicinal Flora of the United States, to elaborate a report on this subject, and the material when received will be turned over to them for investigation.

The accompanying detailed instructions relative to specimens and notes have been prepared by the Sub-Commission.

All packages and correspondence should be addressed to the "Smithsonian Institution, Washington, D. C." and marked on the outside "Medicinal Plants for the U. S. National Museum." Franks which will carry specimens, when of suitable size, together with descriptions and notes, free of postage through the mails, will be forwarded upon application. Should an object be too large for transmission by mail the sender is requested, before shipping it, to notify the Institution, in order that a proper authorization for its shipment may be made out.

Respectfully,

(Signed) S. P. Langley, Secretary.

### INSTRUCTIONS RELATIVE TO MEDICINAL PLANTS.

The Pan-American Medical Congress, at its meeting held in the City of Mexico in November, 1896, took steps to institute a systematic study of the American medicinal flora, through the medium of a General Commission and of special Sub-Commissions, the latter to be organized in the several countries. The

[August,

Sub-Commission for the United States has been formed, and consists of Dr. Valery Havard, U.S.A., Chairman; Mr. Frederick V. Coville, Botanist of the U. S. Department of Agriculture; Dr. C. F. Millspaugh, Curator of the Botanical Department of the Field Columbian Museum, Chicago; Dr. Charles Mohr, State Botanist of Alabama; Dr. W. P. Wilson, Director of the Philadelphia Commercial Museums; and Prof. H. H. Rusby, of the New York College of Pharmacy. This Sub-Commission solicits information concerning the medicinal plants of the United States from everyone in a position to accord it. The principal points of study are as follows:

1. Local names.
2. Local uses, together with historical facts.
3. Geographical distribution, and degree of abundance in the wild state.
4. Is the plant collected for market? And if so,
  - (a) At what season of the year?
  - (b) To how great an extent?
  - (c) How prepared for market?
  - (d) What is the effect of such collection upon the wild supply?
  - (e) What price does it bring?
  - (f) Is the industry profitable?
5. Is the plant, or has it ever been, cultivated? And if so, give all the information on the subject, particularly as to whether such supplies are of superior quality, and whether the industry has proved profitable.
6. If not cultivated, present facts concerning the life history of the plant which might aid in determining methods of cultivation.
7. Is the drug subjected to substitution or adulteration? And if so, give information as to the plants used for this purpose.

While it is not expected that many persons will be able to contribute information on all these points concerning any plant, it is hoped that a large number of persons will be willing to communicate such partial knowledge as they possess.

It is not the important or standard drugs alone concerning which information is sought. The Sub-Commission desires to compile a complete list of the plants which have been used medi-

cially, however trivial such uses may be. It also desires to collect all obtainable information—historical, scientific and economic—concerning our native and naturalized plants of this class; and, to that end, invites the co-operation of all persons interested. Poisonous plants of all kinds come within the scope of our inquiry, whether producing dangerous symptoms in man, or simply skin inflammation, or—as “*loco-weeds*”—deleterious to horses, cattle and sheep. In this respect, the general reputation of a plant is not so much desired as the particulars of cases of poisoning actually seen, or heard from reliable observers. It is believed that much interesting knowledge can be obtained from Indians, Mexicans and half-breeds, and that consequently Indian agencies and reservations are particularly favorable fields for our investigation. Such knowledge will be most acceptable when based upon known facts or experiments.

In order to assist in the study of the habits, properties and uses of medicinal plants, the Sub-Commission undertakes to furnish the name of any plant-specimen received, together with any desired information available.

Owing to the diversity in the common names of many plants, it will be necessary for reports, when not furnished by botanists or others qualified to state the botanical names with certainty, to accompany the same with some specimen of the plant sufficient for its identification. While the Sub-Commission will endeavor to determine the plant from any portion of it which may be sent, it should be appreciated that the labor of identification is very greatly decreased, and its usefulness increased, by the possession of complete material—that is, leaf, flower and fruit—and in the case of small plants the underground portion also. It is best to dry such specimens thoroughly, in a flat condition under pressure, before mailing. While any convenient means for accomplishing this result may be employed, the following procedure is recommended: Select a flowering or fruiting branch, as the case may be, which when pressed shall not exceed 16 inches in length by 10 inches in width. If the plant be a herb two or three feet high it may be doubled, to bring it within these measurements. If it possess root leaves, some of these should be included. Lay the specimen flat in a fold of newspaper, and place this in a pile of newspapers, carpet felting, or some other form of paper which readily absorbs moisture, and place the

pile in a dry place under a pressure of about twenty to thirty pounds, sufficient to keep the leaves from wrinkling as they dry. If a number of specimens are pressed at the same time, each is to be separated from the others by three or four folded newspapers, or an equivalent in other kinds of paper. In twelve to twenty-four hours these papers will be found saturated with the absorbed moisture, and the fold containing the specimen should be transferred to dry ones. This change should be repeated from two to five days, according to the state of the weather, the place where the drying is done, the fleshiness of the specimens, etc. The best way to secure the required pressure is by means of a pair of strong straps; though weights will do. The best place for drying is beside a hot kitchen range. When dry, the specimens should be mailed between cardboards, or some other light but stiff materials which will not bend in transit.

It is a most important matter that the name and address of the sender should be attached to the package, and that the specimens, if more than one, should be numbered, the sender retaining also specimens bearing the same number, to facilitate any correspondence which may follow. The Sub-Commission request, that, so far as practicable, all plants sent be represented by at least four specimens. (Signed) H. H. RUSBY, M.D.,

Chairman of the General Commission,  
New York College of Pharmacy.

VALERY HAVARD, M.D.,  
Charman of the Sub-Commission,  
Fort Slocum, Davids Island, New York.

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**An International Leprosy Congress.**—An International Congress on Leprosy is to be held in Berlin on October 11. The following subjects for discussion are announced: "Pathological Anatomy," to be opened by Virchow; "Bacteriology," by Neisser; "Infectiousness," by Koch; "Etiology," by Besnier; "Diet in Relation to Leprosy," by Hutchinson. Numerous favorable responses have already been received by the committee, and it is believed that the attendance at the conference will be very large and representative of all countries and shades of opinion.

## ST. LOUIS

**Medical and Surgical Journal.**

A. H. OHMANN-DUMESNIL, A.M., M.D.,

Editor and Proprietor.

No. 5 SOUTH BROADWAY, ST. LOUIS, Mo., U. S. A.

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VOL. LXXIII.

AUGUST, 1897.

No. 2.  
Whole No. 680.

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**EDITORIAL.**

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**AN OSTEOPATHY CONSPIRACY.**

The above is the head of an article in the *Journal of the American Medical Association*, in which the writer goes on to say:

"It is now absolutely certain that the 'osteopaths,' whoever they are, have an organized conspiracy to have their diplomas recognized, and themselves placed above the regular profession in the eye of the law, in every State in the Union, as the Osteopathy bills, identical in words, have been introduced in various legislatures. In most of the States an attempt has been made to sneak the bills through the legislature without comment, and, as might be expected, with the least possible publicity.

"Who is paying for all this energetic action on the part of the legislative Solons in the different States has not yet been made apparent; but a certain advertising quack in Chicago admitted within the hearing of the writer of this article that he himself

had 'put up,' and was therefore sure of the passage of this bill. He said it would be the means of breaking down the present laws enacted against quackery and advertising generally."

We may add that the bills were passed by both the Illinois and Missouri legislatures. In the former State, Governor Tanner vetoed the bill, and thus killed the nefarious scheme; in the latter State, Governor Stephens signed it, and thus saddled an incubus on the people. Although comparisons may be odious to our fellow citizens, we cannot help pointing out the fact that in Illinois there is a law regulating the practice of medicine which has succeeded in eliminating quacks to quite an extent. In Missouri the Supreme Court has decided that there is no law beyond that establishing a State Board of Health, which is vested with no powers beyond that of caring for the public health, thus leaving a large community an easy prey to the rapacity and unscrupulousness of quacks, charlatans and mountebanks, *et id emne genus*. It is indeed a sad commentary upon the intelligent and progressive spirit of the citizens of a large commonwealth, as well as a moral burden laid upon the shoulders of the honest members of an honorable profession.

It may not be good form for a physician to be a politician, but things have come to such a pass that the decent members of the profession will be forced to adopt measures of self-protection. The "prophet" of Kirksville will have to be placed in his proper place. The noble science (*sic*) of osteopathy must be elevated a little more. In fact, it should be raised so high that its disappearance would follow as a natural result. It is a dislocation, for it is entirely out of place in this better part of the nineteenth century, and the ignorance which has given it the factitious position it enjoys smacks more of the mediæval than of the *fin de siècle*. We are pleased to note that, whilst bound temporarily, the regular profession, unlike Prometheus Vinctus, has some hope and even certainty of soon freeing itself from the shackles placed upon its brawny limbs by malicious and ignorant foes.

#### A GRAVE CHARGE.

The editor of the *American Journal of Surgery and Gynaecology*, published in this city, writes as follows in his May issue, which we received towards the end of June:

"Some malicious individual of this city has been industriously circulating the report that all of the cases operated upon at the St. Louis hospitals by the distinguished Dr. Joseph Price, at the late meeting of the Tri-State Medical Society, terminated fatally. Such is not the case—every patient has recovered or is convalescent; there was not even a single bad symptom in either of the women. I cannot understand why any doctor should wilfully tell such a monstrous lie, and especially against a gentleman who was not only the guest of the medical profession of St. Louis, but who is to-day without question the most successful abdominal surgeon in the world. All prevarication it seems cannot be ascribed to 'local jealousy.' It must be the climate!"

We can hardly believe that the climate of St. Louis would produce such an effect. It hardly seems in reason to assume any such position. It almost seems incredible that anyone should take the trouble to circulate any such malicious and miserable fabrication. If such has been done, the question which naturally arises is, *cui bono?* There can be no possible profit to the one doing so, and the object of such an attack can certainly not be hurt—more especially if he occupy the position held by Dr. Price as a *facile princeps* among surgeons.

We are sorry, indeed, to be forced to take notice of the above clipping, as it may appear to the profession, both in and out of St. Louis, that we have amongst us physicians or surgeons who have not yet risen above such petty methods as are implied in the item above referred to. It is no wonder that the general opinion exists that the medical profession of St. Louis is continually bickering and quarreling; and we only hope that the day is not far distant when there will be an end to the fault-finding, envious exhibitions which have shed anything but credit upon St. Louis physicians.

We are not asking for a medical millenium, but only urge a little more decency, charity and forbearance, coupled with dignity and self-respect. Give us this, and we shall gain the respect of our confrères both at home and abroad. In addition to this, peace, harmony and a general good feeling will prevail, and unity in which there is strength, will have been attained.

## MEDICAL PROGRESS.

### MEDICINE.

**Malignant Diseases of the Stomach.**—In the London *Practitioner* Douglass Powell, after discussing the subject of malignant diseases of the stomach, concludes his article by giving particular attention to treatment. He says: “ You can do very little in the way of treatment, except of the palliative kind, in these cases. In the case of scirrhouis pylorus, where there is obstruction and dilatation of the organ, you can do very much to keep your patient going by washing out the stomach, and then giving a meal of peptonized beef-tea, which it would rapidly absorb. In encephaloid disease you must be very wary how you inject fluids, because you have to deal with a soft, disintegrating mass, and you are apt to bring about perforation or hemorrhage by distending the stomach fluids. When the patient ceases to be able to take food by the stomach without very severe pain, you can still keep him free to a certain extent from the pangs of starvation by rectal feeding; and you can keep him more or less from suffering by a sufficient amount of morphia. Cancer is one of those diseases in which you are completely justified in keeping your patients under the influence of sedatives such as may be necessary to secure their freedom from suffering. A small subcutaneous injection in the forenoon and a larger one in the evening will often keep a patient comparatively happy. In cases of ulcerative cancer you will do even better by giving by the stomach small doses of morphia at frequent intervals—such quantities as one-eighth of a grain of morphine.”—*Ther. Gazette.*

**Hypertrophy of the Spleen.**—M. Houzel communicated to the Académie de Médecine the case of a woman of forty-two, who was brought to the hospital with peritonitis, due to the presence of an enormous tumor of the spleen, filling the whole of the abdomen and the pelvis. The patient had never suffered from intermittent fever. After having opened the abdomen and freed the tumor from its anterior adherences, the speaker found that extirpation was impossible, on account of adherences behind with the mass of small intestines, and decided to leave an open

wound. With this intention, the peritoneum was fixed by catgut sutures to each side of the splenic capsule, leaving a space of the width of four fingers, through which the spleen was exposed, and over which a layer of iodoform gauze was placed. At the end of a month the spleen was entirely sphacelated, and the patient made a good recovery. A recent examination showed that the abdomen had regained its suppleness; there was no sign of evagination, nor the slightest traces of a tumor.

**Cardiac Murmurs.**—Prof. Potain, in an article on inorganic heart murmurs (*Hospitals Tidende*), comes to the following conclusions:

1. A continuous cardiac murmur of unaltered force is probably organic, and should be so regarded unless proved to be the contrary.
2. A murmur which appears and disappears, without apparent or from an unimportant cause, is to be considered inorganic, if tricuspid insufficiency or mitral stenosis be absent, for this may occur in these two conditions.
3. All murmurs that disappear completely, or are decidedly modified by a change in the patient's position, are inorganic.—*Medical Standard.*

**Renal Suppuration Due to Typhoid Bacillus.**—The case is one reported by Ch. Ferrett (*Gazette des Hôpitaux*). On the thirteenth day of typhoid fever the patient complained of pain in the left flank on a level with the spleen, which was large and painful. On the twenty-third day, on careful examination, there was a distinct bulging. Palpitation revealed in the upper part of the left hypochondrium a rounded, elastic tumor, the spleen lying anterior to this tumor. A diagnosis was made of abscess of retroperitoneal tissue in front of kidney. The operation consisted in evacuating pus, and was followed by a few days of temporary relief, but patient succumbed fourteen days after its execution.

The autopsy showed the pelvis of the kidney much dilated; pyonephrosis, with multiple abscesses in the kidney substance. Cultures taken at the time of operation gave pure culture of the typhoid bacillus, and those taken at the autopsy from the kidney pelvis gave nothing but the colon bacillus, while those from the multiple abscesses showed pure culture of the typhoid bacillus.—*Albany Medical Annals.*

**Belladonna in Bronchitis.**—Dr. Sidney Ringer (*Brit. Med. Jour.*) having long “regarded the mucous expectoration in bronchitis, whether viscid and vitreous or profuse and watery, as rather an increased secretion than an inflammatory product,” and used tincture belladonna in ten-minim doses three times daily or oftener to check secretion and relieve an incessant and troublesome cough, now recommends it also to relieve the bronchitis produced by inhalation of ether, and further suggests that it should be given to “patients who, after aspiration, suffer from an abundant watery expectoration so profuse sometimes as to kill by suffocation.”—*Ex.*

**Chronic Gastritis.**—Prof. H. T. Webster, M.D., of San Francisco, in a recent publication, discusses chronic gastritis and its treatment. After a careful *résumé* of the etiology and pathology of the affection, and an enumeration of the symptoms attending it, he says, in speaking of the diagnosis:

“The use of the stomach-tube will afford the best means of diagnosis. If siphonage be practiced an hour or so after eating, hydrochloric acid will usually be absent, and lactic acid, associated with fatty acids are present with a large quantity of mucus. If siphonage be practiced seven hours after eating, undigested food will be found still remaining in the stomach, while in cases of functional dyspepsia it will have disappeared. Malignant disease will be excluded by lack of cachexia, absence of perceptible tumor upon palpation, and by the character of the material vomited, coffee ground material soon appearing in cancer. In gastric ulcer, a diagnostic feature is frequent hematemesis.”

He believes that if a proper diet be pursued and rational medicinal treatment be employed, almost every case of chronic gastritis will improve readily, unless it be complicated by gastric carcinoma, gastric ulcer, or hepatic, renal, or pulmonary disease. His treatment consists in lavage, disinfection, and cleansing of the viscera with hydrozone. Lavage should be practiced every morning before eating, a small quantity of water (a pint) being used at first, which should be increased to two or three quarts as the treatment is carried on. The water should be warm (98.6° F) and solutions containing Glauber's salt, asepsin or boracic acid are often useful. Regarding the use of hydrozone in this affection, he says:

"The introduction of hydrozone as a remedy in this condition was an innovation of remarkable value. A drachm of Marchand's hydrozone, added to four ounces of boiled water, and drunk while the stomach is empty, exerts a powerful influence in dissolving and removing the tenacious mucus, destroying microbic elements of fermentation and stimulating normal action in the diseased mucous surface. The best results follow its use in the morning before breakfast, the patient taking it while in bed, and remaining on the left side for ten minutes before rising. It may be taken oftener, but once a day may suffice, and it is advantageously used in this manner after the practice of lavage."

The hydrozone may at first produce acrid sensations in the stomach, but as the irritated gastric surface improves in tone under its influence, this will pass away and sensitiveness to its action will subside. Where necessary the amount of hydrozone may be reduced until the stomach becomes more tolerant to it.

The important step in chronic gastric catarrh, as in catarrh of all other mucous cavities, is the cleansing of the part from the ropy mucus, which clogs the glandular organs, and serves as a nidus for the operation of agents of fermentation. Glycozone in teaspoonful doses, diluted with water, administered after meals, prevents fermentation of food and accelerates a cure.

If the treatment outlined above be properly carried out, the writer believes that little more is necessary, for with the removal of morbid accumulations the gastric secretions will become normal in quantity and quality. Hydrochloric acid, administered internally, may in some cases do good, as also the bitter tonics, but their place is secondary to the use of the stomach tube and the disinfection of the mucous membrane of the stomach with hydrozone.—*New England Medical Monthly*.

#### THERAPEUTICS.

**The Treatment of After-Pains.**—Dr. J. L. Audebert of the obstetrical clinic of the Faculty of Medicine of Bordeaux (*Gazette hebdomadaire de médecine et de chirurgie*) recommends an enema of fifteen grains of antipyrine in four ounces of boiled water; also the following:

Rx Fluid extract of viburnum prunifolium,

Fluid extract of hydrastis canadensis ...  $\frac{1}{2}$  fl. ounce.

M.

Sig. Twenty drops every two hours, in a hot drink.—*N. Y. Med. Jour.*

**Storbeck's Depilatory.**—Alcohol, 12 grams; collodion, 35; iodine, 0.75; essence of turpentine, 1.5; castor oil, 2. Apply with a brush on the affected parts for three to four days in thick coats. When the collodion plaster thus formed is pulled off, the hairs adhere to its inner surface.—*Nouv. Rem.*

**Vaginal Suppositories.**—

Rx Acetanilid .....	gr. lxxv.
Ac. tannici.....	gr. viii.
Ext. hyoscyami .....	gr. iv.
Sacchari lactis .....	gr. cl.

M.

Sig. This is for one suppository, to be used for vaginal inflammation.—*Louisville Medical Monthly.*

**A Prescription for Intercostal Neuralgia.**—According to the *Journal des Praticiens*, Cheron recommends the following prescription for intercostal neuralgia associated with uterine disturbances:

Rx Tincture of gelsemium.....	100 drops.
Simple syrup .....	1½ ounces.
Distilled water .....	6 drachms.

Of this two to three teaspoonfuls may be taken twice or thrice a day.

Such a prescription ought not to be used if the heart is at all feeble, says the editor of the *Therapeutic Gazette*.

**Bromoform Syrup.**—The following formula has been warmly recommended:

Rx Bromoform .....	30 drops.
Green Tincture Aconite.....	50 drops.
Syrup Codeine.....	1½ fl. oz.
Syrup Tolu .....	4½ fl. oz.
Syrup Red Poppy.....	4½ fl. oz.
Alcohol .....	2½ fl. dr.

The dose can be graduated according to the age of the patient. This mixture has been found useful in whooping-cough, bronchial catarrh, and the pneumonia following measles.—*Am. Med.-Surg. Bulletin.*

**Birch Leaves as a Diuretic.**—Winternitz (*Centralblatt für die gesammte Therapie; Journal des praticiens*) reports that an infusion of the leaves of the birch (species not mentioned) is a powerful diuretic. He says the leaves should be gathered in the spring and well dried before they are used. From twenty-five

to thirty parts of the leaves are added to from a hundred and fifty to two hundred parts of hot water, the water is then made to boil for an instant, and the leaves are allowed to macerate for an hour or two. The dose is not stated.—*N. Y. Med. Jour.*

**Strophanthus.**—Reynold W. Wilcox, of New York, recently presented the result of twelve years' study of this drug. He said the reason that strophanthus had been considered by some observers to be uncertain was that there were four distinct species of strophanthus. His own observations had been made with *Strophanthus Kombé*, the same preparation as had been used in Fraser's original investigations. He drew the following conclusions: 1. That strophanthus increased the muscular action of the heart by direct action on the muscle itself. 2. That it operated more rapidly than any other cardiac drug. 3. That it practically had no effect on the size of the blood-vessels. 4. That it regularly favored elimination by the kidneys. 5. That unless too frequently repeated, it had no cumulative action. 6. That it was unlike the other cardiac drugs in acting only on the muscle of the heart. 7. That it was about three hundred times as strong as the same weight of digitalis, and three or four hundred times as powerful as the same amount of caffeine. He recommended the use of strophanthus instead of digitalis in cases in which digitalis usually acted badly, in which the prolonged use of it caused dangerous vascular spasm.

**Lactophenin.**—Dr. Geo. Thompson publishes the following among other clinical observations on the action of lactophenin:

Mrs. K., aged 24; had two children; no kidney or female trouble. She complained of a stitch pain in the middle of the small of the back whenever she turned her body to the right. The pain had persisted a week, and was so severe as to prevent her from doing ordinary housework. Eight-grain doses of lactophenin every two hours gave relief after the third powder, and in one day the pain was gone. The powders were taken at intervals of four hours for two days longer, and discontinued without any recurrence of pain.

Mrs. M., is a Syrian woman, aged 22; married at the age of 12 and has two children; for the last year living apart from her husband. She took sick three weeks ago with malarial chills

and fever. The fever would be accompanied with severe throbbing headache, which usually lasted twenty-four hours. I was called during one of these attacks, just after the onset. The necessity at this stage was immediate relief of the symptoms. To this end I prescribed lactophenin in eight-grain powders every two hours until the headache declined; then continued at intervals of four hours until bedtime. The second powder had no sooner been taken when the headache ceased, patient perspired, and the fever declined, not to recur again, as suitable specific treatment was taken which aborted the next malarial manifestation and accomplished the cure.

Dr. R. is a dentist of this city. A few months ago he came into my office cyanosed; temperature, 96°; pulse, dicrotic and scarcely perceptible; breathing shallow and difficult, and great vital prostration. He laid on my sofa and told me that he had taken two powders of phenacetin, of seven and one-half grains each, in whisky, one hour previously, at half-hour intervals, for neuralgia. He admitted that the neuralgia was gone. An injection, hypodermatically, of atropine sulphate, gr.  $\frac{1}{60}$ , repeated once at an interval of half an hour, restored his circulation and vitality. On my advice he took lactophenin in doses of eight grains thereafter whenever his neuralgic attacks returned, generally with prompt relief; and though predisposed to untoward effects from coal-tar products, he informs me that if necessary he can take three such powders at once without any ulterior action.

These few cases indicate to me a great superiority of lactophenin over phenacetin and other members of the coal-tar group of antipyretics and analgesics.—*Clinique.*

#### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

**The Renal Circulation.**—By injecting preparations with metallic substances the circulation can be studied with cathode photography to an extent and with a precision never before attained. If the photographs are then mounted to examine through the stereoscope, wonderful exactness can be secured. Poncet and Destots of Lyons announce the following results of their study of the renal circulation in this way (*Bulletin de l'Acad. de Méd.*):

1. The arterial circulation of the kidney is lobar and terminal. It divides the kidney into an independent anterior and posterior kidney. The one exception is the artery of the superior lobe, which sometimes divides into two branches, so that in injecting it the whole of the upper end of the kidney is injected.

2. The intra-pyramidal artery divides by false dichotomy at the level of the cortical substance, but it does not anastomose with the collateral; there are no true arterial arcades.

3. A multitude of capillaries issue directly from the arteries and proceed to the glomeruli without passing through the multiple intermediaries. In incomplete injections the capillaries are seen emerging directly from the arteries, like needles on a pine bough or hoar frost on a branch.

4. The pyramidal arteries proceed from the glomeruli.

5. The veins anastomose readily, so that the entire kidney can be injected through one single small vessel.—*Med. Standard.*

**Mustard as an Antiseptic.**—Dr. Roswell Park of Buffalo says: “One never goes into a house, or at least a locality, in which mustard cannot easily be procured, and my custom is to thoroughly rub and scrub my hands with a mixture of green or other soap, cornmeal and mustard flour for about five minutes. After rubbing thoroughly into all the crevices and creases of the hands and nails by aid of a nail brush, one may be absolutely certain that his hands are sterilized, no matter what he may have been doing previously. I have no hesitation in proceeding from an autopsy to the operating room if I may thus protect my hands. Used as indicated, the mustard leaves no unpleasant sensation, and one may feel that by the time it produces unpleasant tingling or rubefaction of the skin, its essential oil has done its desired work as an antiseptic. I have discarded all other means of preparing the hands; and in several years’ use of mustard in this way have never been disappointed, nor had the slightest reason to question its effectiveness. I might also add that it is an admirable deodorizing agent and will take away from the hands all offensive odor of dead or dying tissues and all redolence of iodoform.”—*Med. and Surg. Reporter.*

**Test for Lead in Urine.**—Abram (*Lancet*), in the course of an article on “Three Cases of Lead-Poisoning,” makes mention of a simple method for the detection of lead in the urine,

which is so easily performed that it seems worthy of mention here. The method is apparently original with von Jakob, and is mentioned on page 211 of the 1896 edition of his "Klinische Diagnostik."

The latter author directs that a strip of magnesium be laid in liquid suspected of containing lead. In a short time a deposit of metallic lead will be found on the magnesium if the liquid contain lead.

Abram modifies this method by the addition to the suspected liquid of a solution of oxalate of ammonium, 1 gramm to 150 cubic centimetres of water.

A deposit is seen in half an hour, but the test is continued for twenty-four hours. It will detect lead when present in the proportion of 1 to 50,000.

**Explanation of the Variations in the Intracellular Secretion of Bile in the Liver.**—Professor Browicz announces that he has established a fact that explains his former announcement of the peculiar differences in the chemic constitution of the bile secreted at one time by a liver cell in certain abnormal conditions. He finds that there is a connecting system of delicate intranuclear and intraprotoplasmic passages in the chromatin of the nucleus of the hepatic cells, connecting closely with the intercellular biliary passages. This discovery shows that the biliary passages commence in the nucleus, and also explains the pathologic vacuolization in certain pathologic conditions.—*Deutsche Med. Woch. Jour., A. M. A.*

**Recovery After Cyanid of Potassium Poisoning.**—Wiglesworth records in the *British Medical Journal* a case of poisoning by cyanid of potassium, followed by recovery. A man aged twenty-five, in marked alcoholic intoxication, was seen to drink something from a bottle, throw the bottle away, and then fall. Almost immediately he passed into convulsions, and fifteen minutes later, when seen by the physician, he was unconscious, his face grayish blue, and the jaws so tightly clamped that one of his teeth was broken in forcing open his mouth for the stomach tube. The eyes were fixed and the pupils dilated, but conjunctival reflex was not entirely absent. Breathing was pectoral and the inspirations jerky, resembling faint hiccoughs. The pulse was small and rapid. Through a tube the stomach was

washed out with clean water and a mixture of sulphate of iron, carbonate of potash, and pure ether was passed into it. In about five minutes the patient vomited material which was stained a blue color. A stream of cold water was poured over the back of the neck and spine, and over the cardiac region. The pulse and breathing rapidly improved, but consciousness was not completely regained for four hours. From the fluid in the bottle it was estimated that if the patient drank two teaspoonfuls of it, he took not less than twenty grains of cyanid of potassium. He denied all recollection of having tried to poison himself.

**A Case of Poisoning with Aloes.**—The *Progrès Médical* contains the following account of a curious case of poisoning which occurred at a fair in Paris: A man was selling a yellow powder which he said had the property of causing those who took it to make faces. A number of inquisitive persons gathered around the man, who then proceeded to make experiments while advertising his wares. He threw a pinch of powder into a glass of water and then asked some one present to drink it. A young boy stepped forward and drank the contents of the glass. He repeated the experiment twice without expressing the least repugnance in his face, but suddenly, almost before the third glass was emptied, he was seen to stagger and throw himself on the ground in great pain. The people gathered around the boy, and the man, seizing the opportunity to make his escape, ran away, leaving his basket of wares behind him. The boy was taken to a hospital, where, owing to prompt and unsparing attention, the physicians hoped to save his life. The basket was seized and taken to the municipal laboratory for analysis of the contents. On the same day the police arrested another man who was selling a brown powder which he said was pulverized aloes.—*N. Y. Med. Jour.*

#### DISEASES OF WOMEN AND CHILDREN.

**Direct Insufflation of the Newborn with the Stethoscope.**—G. Fieux (*Rev. Obstét. Internat.*) proposes the ordinary stethoscope as a means of resuscitating still-born infants. Insufflating tubes, such as that of Ribemont-Dessaignes, are not always at hand, and, even when available, are not easy of introduction; but all medical men and midwives carry a stethoscope. Further, the stethoscope can be easily applied, and has been

proved to give satisfactory results. The broad, bell-shaped end of the instrument is placed over the mouth and nose of the infant, fitting closely thereto like a mask. Through the other end, held in the left hand, the accoucheur blows air into the lungs, whilst he aids expiration by compressing the chest with the right hand after each insufflation. The head of the infant is kept in an extended position. It is difficult to understand wherein this method excels the ordinary methods of establishing respiration in cases of stillbirth, some of which—for example, Schultze's method—require no apparatus at all.—*Ontario Medical Journal*.

**Whooping-Cough Treated with Ichthylol.**—Maestro (*Sem. méd.*) states the results obtained in a small number of cases of whooping-cough treated with ichthylol. The drug was administered in pill-form in progressively increasing doses. According to the age of the patient, from  $\frac{1}{4}$  gr. to 3 grs. were thus administered daily, the dose being rapidly increased to 9 or 15 grains in the twenty-four hours. Inhalations of a three per cent. solution of ichthylol in glycerine were employed in some cases. In the cases thus treated the cases rapidly subsided, and recovery speedily followed.—*Am. Med.-Surg. Bul.*

**Treatment of Puerperal Septicemia.**—In a study of this disease (*Charlotte Medical Journal*), Dr. Eugene Boise of Grand Rapids aims to impress upon general practitioners:

1. The importance of prompt intervention in all cases of puerperal sepsis.
2. That early curettage and douching may save many.
3. That when this fails, after proper and thorough trial, hysterectomy is demanded.
4. That in nuclein and the antistreptococcus serum we have two agents that are very valuable in this condition, which, if properly used, may prevent the necessity for the more radical surgical measures, or may aid surgery to save lives otherwise inevitably lost.

Dr. Hofbauer, of Vienna, is quoted as advocating nuclein because of:

1. The promptness of its influence on leucocytosis.
2. The absence of unpleasant consequences.
3. The fact that it can be administered internally and pass unchanged into the blood.
4. Its favorable influence on the patient's general condition.

5. Its equally good local effects—rapid healing of lacerations, and improvement in discharges from the uterus.

6. The beneficial influence on temperature, there being a decided gradual reduction.

Hofbauer's views are in all respects supported by the observations of Dr. Boise.

**Rectal Treatment of Bronchiectasis in Children.**—A treatment of bronchiectasis in children recommended by Molle is described in *La Semaine Médicale* as follows:

R. Eucalyptol .....	2 parts
Tr. of benzoin .....	10 "
Balsam of copaiba .....	16 "
Creosote .....	5 "
Sweet almond oil.....	7 "

M.

This mixture is a clear and homogenous liquid, of which thirty drops may be given in milk as an enema. The mode of administration is important. The child is placed on its side with its knees slightly drawn up, and a soft rubber catheter is passed four inches into the bowel. A small syringe is drawn nearly full of milk and then held in a vertical position while the half dram of medicine is poured into it. The air is expelled, and while the syringe is still held vertically the fluid is forced into the rectum. In this manner not a drop of the medicine is lost. The child experiences a temporary burning sensation to which it rapidly grows accustomed. If this treatment is persisted in for months, the expectoration, cough, and dyspnea all improve, the signs of dilatation, especially around the base, diminish, and the general condition is correspondingly better, even proceeding to a veritable cure.—*Medical News*.

**Albuminuria in Pregnant and Puerperal Women.**—Dr. Eklund, of Stockholm (*Edinburgh Medical Journal*), believes that midwives' hand-books should call attention to the necessity for examining the urine of every pregnant woman. If the urine is found to contain albumin, the midwife should be competent to order hot baths, flannel underwear, rest in the recumbent posture, mild diuretics and laxatives, beef tea with parsley, seltzer water with boiling milk, milk food, boiled fruit, weak coffee, tea and chocolate, compound liquorice powder, etc. If this hygienic treatment does not within a certain time, say a month, cause the

disappearance of the albumin, a physician should be called. It is a matter of great importance that the pregnant woman should learn to procure for herself daily evacuations of the bowels, especially toward the end of pregnancy and in beginning labor. For this purpose dietetic means should be employed chiefly, but in case of failure mild aperients should be used, such as cascara, senna, frangula, compound liquorice powder, and enemata of salt and water. Of the very greatest importance during pregnancy, and especially during the puerperal state, is the care of the kidneys, the avoidance of all that would tend to increase the functional activity of these organs, the maintenance of equilibrium and the proper diversion of labor between the skin, digestive apparatus, and the kidneys. If any organ can bear a greater exercise of function it is the skin, and next in order of tolerance the intestinal tract; the lungs are far more sensitive, but the kidneys most of all. No puerperal woman should be permitted to leave her bed until her urine is free from albumin, if possible.

—*Pacific Medical Journal.*

#### SURGERY.

**The Surgical Treatment of Diffuse Peritonitis.** — Dr. Kürle, Berlin, reported on the above case. Five years ago he had reported on washing out the abdominal cavity in peritonitis. He now reported on a seven years' experience. It related only to cases dependent on acute disease of internal organs, and did not include puerperal sepsis, chronic tuberculosis, or peritonitis from carcinoma. The cases were 99 in number; 71 were operated on, with 25 recoveries. Of the 28 cases not operated on 6 recovered. In the latter class were a number of moribund cases. As regarded the cases operated on, the typical symptoms of purulent peritonitis were present. After incision the pus was allowed to drain away without much interference inside. The abdomen was then washed out with hot sterilized water. Antiseptics were not employed. A drainage tube was then inserted. Several openings were superfluous, and did not assist. If vomiting came on the stomach was washed out.

Cautious excitation of intestinal activity by enemata was advisable, whereby the toxines were carried off. Fresh openings were sometimes necessary, as the intestine became adherent, and new pus collections might form. Fecal fistulæ were not infre-

quent. Resection and the water bath. Of the 71 cases operated on, 31 were from perforation of the vermiform appendix; 14 of these recovered. In 14 the disease originated in the female genital organs, of which 3 recovered.—*Ex.*

**A Simple and Rapid Method of Gastrostomy.**—The late R. J. Hall, M.D., of Santa Barbara, Cal., wrote the following description of an operation which will interest all surgeons:

The operation is as follows: A very short incision is made on the left side, parallel to and about an inch below the free border of the ribs; the stomach is seized and drawn through the incision until it forms a cone from an inch to an inch and a half in height, the base, of course, next the skin. The circumference of the base of this cone is then attached to the abdominal wall by either continuous or interrupted sutures, including, of course, the peritoneum. The cone is then inverted, so that its apex protrudes into the stomach. If the case is urgent, the apex can be pierced at once, and a tube introduced, surrounded by protective gauze; otherwise the cavity of the inverted cone may be filled with gauze, and the opening made later. The whole operation is so simple that it need not occupy more than five or six minutes; and in urgent cases could be done with the aid of a few minims of cocaine solution without general anesthesia.—*N. Y. Med. Jour.*

**Multiple Adenomata of the Breast.**—Mr. Andrew Clark operated upon a woman, ~~at~~ about 40, who had been admitted to the Middlesex Hospital on account of tumors of the breasts. The patient had several years previously had a fibro-adenoma removed from the right breast, and the scar was adherent to another growth; in addition to which there were four others to be felt in the organ. In the upper lobe of the left breast there was a similar tumor. They were all about the size of a large hazel-nut. The right breast was excised, and the tumor removed from the left breast. Mr. Clark remarked that he amputated the right breast because he felt that removal of the individual tumors would almost amount to the same thing, and the radical operation would prevent further trouble. The incision was an elliptical one from above downwards, which seems, he said, to give a better result, so far as immediate union is concerned, this being probably due to the fact that in the transverse incision, when the

sutures are removed, the height of the lower flap tends to separate the edges. In cases in which it is necessary to remove the glands and from this, and the operation as effectively performed, provided the breast is left to drag upon. The tumor in the left breast was removed by a linear incision, and this was sealed up with a collodion, the wound from the removal of the other breast being dressed with cyanide gauze.—*Medical Press.*

**Holocain; a New Anesthetic.**—Gutmann (*Deutsche Med. Woch.*) describes the advantages and disadvantages of a new local anesthetic known as holocain, a drug which is soluble to the extent of 2.5 per cent. A solution of the hydrochlorate of a strength of 1 per cent. is bitter, of neutral reaction, and is unchanged by boiling. Three or four drops of this solution produced anesthesia in the eye of a rabbit in from one-half to two minutes, which lasted about ten minutes. Its action in the human eye is similar. Its advantages over cocaine are that it more quickly produces anesthesia, and that while dilatation of the pupil often continues for twenty-four hours after the use of cocaine, holocain has no such action. Unfortunately the subcutaneous injection of this drug is dangerous; and another disadvantage in connection with its use is the fact that it can only be sterilized in glass which does not contain alkali; otherwise numerous fine crystals are precipitated.—*Med. News*

**Direct Intra-Abdominal Finger Compression of the Common Iliac Artery During Amputation at the Hip-Joint.**—McBurney (*Annals of Surgery*) describes a method of hemostasis that he has employed successfully in three cases of amputation at the hip-joint. First, as much blood as can by means of position or an elastic bandage be returned to the body from the limb to be amputated is so returned. Then an incision is made through the abdominal wall, about one and a half inches internal to the anterior spine of the ilium. Through this incision an assistant passes a finger, and readily reaches and compresses the common iliac artery. In this way entire absence of blood current beyond the point of compression can be readily maintained throughout the course of the amputation. The operative field can be kept entirely free from bandage or appliance of every kind, asepsis is facilitated, and the amputation can be effected without other loss of blood than that which takes place from the vessels of

the limb below the point of amputation. The method would seem to commend itself on account of its simplicity, its certainty, its aseptic character, and because it can be applied in cases in which the deeper tissues require to be severed at an unusually high level. The method has the further advantage that it permits identification and ligation of all of the smaller arteries in the stump; by lifting the finger for a fraction of a second a minute quantity of blood will escape and indicate the situation of the vessel.

#### ORTHOPEDIC SURGERY.

**Treatment of Pott's Disease.**—At a meeting of The British Orthopedic Society, Mr. Noble Smith drew attention to the treatment of Pott's disease by attempts at immediate reduction as practiced by Dr. Calot. Mr. Smith was strongly under the impression that this plan of treatment had been adopted many years ago by empirics, and had met with disastrous results. It had always been laid down that it was improper to separate the diseased parts, because of the gap that would be made. That view seemed to have been accepted for years, and he had himself shown, at the British Medical Association, a specimen in which there was some evidence to prove that a gap, and even a large gap, might be entirely filled up with new bone. It was a case in which the seven lower dorsal and four upper lumbar vertebræ were affected. On *post-mortem* it had been found that new bone had been thrown out so as to completely enclose the spinal canal, and partially if not entirely fill up the gap. It seemed to Mr. Noble Smith inconceivable that, even if repair took place as well as Dr. Calot said it did, an absolutely firm spine could be obtained in five or six months, and a cure result. Moreover, the question arose: Was the procedure safe? He cited one case, which showed that it was extremely risky, and was liable to result in severe paralysis. Mr. Keetley said he was not quite satisfied that in the specimen described by Mr. Smith it was actually new bone that had formed. One met with a good deal of new bone in connection with the removal of sequestra. It was generally very hard bone, and it was not such as was likely to disappear on maceration, as was described by Noble Smith to have occurred in his specimen. It had occurred to him that it might be worth while to produce artificial ankylosis of the laminæ and transverse processes in these cases.

Mr. Keetley quoted Dr. Sayre, who affirmed that no attempt should be made to straighten out the spine, and that to do so was liable to be disastrous. But Mr. Keetley himself was satisfied that a *gentle* suspension did straighten out considerably some cases of caries, and almost all slightly. Mr. Robert Jones gave examples of disastrous results occurring after suspension. Five or six years ago he was called by a medical man to a case which had been under treatment at one of their large hospitals, where suspension had been employed. The disease was high up, and paralysis had resulted. The late Mr. Thomas had told him of an interesting case, where an attempt had been made to straighten the spine, and in which also paralysis followed. He had himself shown at the Medical Institute at Liverpool a case in which a bone-setter had forcibly straightened the back, with the result that paralysis had ensued the next morning. Moreover, the straightening which followed these operations of extension was very often due to the yielding of healthy vertebræ above and below the seat of disease, and that, he thought, was one source of fallacy. Mr. Tubby said he had treated several cases in the National Orthopædic Hospital by the suspension couch, the body-weight being allowed to separate the diseased parts. In three cases, however, he found that directly the children were put in the upright position for suspension the spasm became much worse, the reflexes were increased, as if there were irritation of the spinal cord. It would seem that in Pott's disease the spinal cord escaped partly because the canal became larger on account of the carious processes; but at the same time the meninges were shortened, and it was probable that the symptoms which followed attempts to straighten the back must be due to nerve stretching all down the spinal column. Mr. Jackson Clarke quoted one case under Mr. Poland, in which, so far as he could ascertain, an angular curvature had actually disappeared from gradual straightening, and in his opinion the only attempt at straightening of the spine should be of an extremely graduated kind, and nothing violent about it. In reply, Mr. Noble Smith said that the possibility of there being any doubt of the material in the specimen he had described being new bone had not, in consequence of what he saw, occurred to him. As far as he could judge it was a distinctly bony material. There was also undoubtedly a tendency to bony

growth, both from above and below; it was only the central portion that came away in maceration.—*Scalpel.*

**Plaster Bed for the Treatment of Scoliosis.**—Jagerink has secured gratifying results with his plaster bed in treating twenty patients, mostly adults, some 25 years old, all with advanced scoliosis. They sleep in this bed all night and remain in it several hours a day. The plaster cast reaches from the top of the head nearly to the knees and is strengthened with iron bands. A slit is cut on each side of the spine corresponding to the points of the greatest curvature, through each of which a broad band is passed and fastened to an iron support projecting a foot or two above each side. These flat bands are gradually tightened until they exert considerable pressure upon the curvatures, while the head of the bed is raised, which stretches the spinal column. Full directions and cuts are published in the *Ztschrft. f. Orthop. Chir.*, Vol. v., No. 1, in which he recommends it in the warmest terms.—*Jour. A. M. A.*

#### OPHTHALMOLOGY.

**Optic Atrophy Following Sexual Excess.**—Dr. J. A. Spalding has related the history of a group of four cases of optic atrophy following sexual excess. Treatment was ineffectual, and all four subjects gradually lost useful vision, though they did not become totally blind.

**Transient Lesions of the Retina and Choroid from Bruises of the Eyeball.**—At a recent meeting of the Section in Ophthalmology of the College of Physicians of Philadelphia, Dr. Edward Jackson reported three cases. In each case the injury had been severe enough to cause some marking of the lids or eyeball. Impairment of sight was noticed immediately, and examination showed œdema of the retina with yellowish rounded spots of chorioidal exudation. The haziness of the retina cleared up within twenty-four or forty-eight hours. The chorioidal spots faded away in from three days to a week, each being followed by an area of redness. In three of the cases that had been observed long enough, recovery was complete. He called attention to the fact that, although the retinal changes had been described by other writers, in these cases the chorioidal lesions were quite as marked and more permanent; and the chorioidal

changes were distributed in the arc of a circle or circles, having the centre at the optic-nerve entrance. In only one of these cases was retinal haemorrhage detected.

Dr. G. C. Harlan said he remembered the first case referred to by Dr. Jackson and was inclined to believe, from the ophthalmoscopic appearances, that there were minute ruptures of the choroid.—*N. Y. Med. Jour.*

**Standards of Form and Color in Railway Service.**—Dr. C. H. Williams read a paper recently on what standards of form and color should be required in railway service. He had used representations of semaphores, made on the same scale as the test type, and found that they answered the requirements. He thought that while absolutely perfect vision should be required for entrance into the service, the standard for old employees might be somewhat reduced with safety. In the matter of color, he used a light behind a screen with an opening permitting the light to shine through, and varied the color of the light. He found that a hole two millimetres in diameter corresponded to the  $\frac{2}{5}$  of the test type as to accuracy of perception of color, and increased the aperture with the distance, so that a record could be made of the color and light perception in the same way as that of form.—*Record.*

**Relation of Weight to Vision.**—Dr. George M. Gould read a paper before the American Ophthalmological Association on the law of refraction, change following increase or decrease in body weight. He related several cases in which decided increase in body weight was accompanied by a very appreciable diminution in the amount of myopia, the change being most marked in the more myopic eye. *Per contra*, a very fat patient undergoing treatment for reduction of flesh in three or four months complained of deterioration of vision, and fifteen months later it was found that the refractive condition had changed from +1 to —1.—*Med. Rec.*

**Canthoplasty.**—It is not often that one has a bad case of purulent or gonorrhreal conjunctivitis to treat, but when you do get a case you will have plenty to worry about. The great inflammation, secretion, swelling of the lids, and pain, can all be borne; but some morning you will notice the cornea steamy and hazy, a beginning ulcer, perhaps, and why? Because the swell-

ing of the conjunctiva and lids presses so hard upon the globe that the nutrition of the cornea is cut off. The remedy is hot applications and canthoplasty. Canthoplasty consists in taking a pair of scissors and enlarging the palpebral opening by placing one blade inside and the other outside at the outer canthus, and cutting whatever is between. The lids then become loose, the tension being removed, and the cornea has a much better chance of living.—*Electric Medical Journal*.

#### DERMATOLOGY AND SYPHILOLOGY.

**The Treatment of Syphilitic Women in Pregnancy and Parturition.**—Dr. R. A. Murray, of New York, read a paper on this subject before the American Obstetrical Society. He wished to emphasize these points: 1, that syphilis was the great cause of abortion; 2, that comparatively little space was devoted to this subject in recent works; 3, to prevent this frightful mortality attention should be directed to points in diagnosis and treatment. Dr. Murray quoted recent authority on syphilitic changes in the endometrium, placenta, foetal bones, etc. Passing then to diagnosis, he said this was clear enough in a woman who had had many miscarriages, but under other circumstances it might require considerable tact to bring forth an admission of infection on the part of the husband, or to discover in the mother symptoms in the form of old scars, enlarged glands, sore throat, etc. In treatment Dr. Murray had obtained by far the best results from mercurial inunctions, and with these, begun by the third month of pregnancy, he had succeeded in carrying from forty to fifty per cent. of his patients through to labor at term. The infant could be medicated through mercurial treatment of the mother or by inunctions to its surface. The syphilitic child ought never to be nursed by any woman except the mother.

Dr. E. P. Davis said it was surprising how often certain indications of syphilis existed in the genital tract, including an endometritis, when other evidences could not be brought out. No examination was complete which did not include inspection of the vulva and vagina. He believed the predominant feature which made syphilis dangerous during pregnancy was anaemia. In proportion as means were taken to combat this during anti-syphilitic treatment would the interests of mother and child be conserved.—*Record*.

**Lassar's Paste for Contagious Impetigo.—**

Rx Acid salicylici .....	3ss.
Petrolati .....	3j.
Zinc oxidi,	
Amyli .....	aa 3ss.

M.

Sig. Remove crusts with olive oil compresses, cleanse skin with hot water and soap, boric acid solution, etc.; then apply Lassar's paste.—*Pediat.*

**Leprosy in New South Wales.**—The Report for 1895 of the N. S. W. Board of Health upon the administration of the Leprosy Act was laid on the table of the Legislative Assembly in Sydney, on November 5th, by the Premier. At the beginning of 1895, 40 persons remained under detention at the lazaret. During the year 10 persons were reported to the Board as being suspected lepers, and three of these were eventually admitted to the lazaret. The number of deaths during the year was five, and one patient was discharged. This patient was admitted in 1888, when only 14 years of age, and from the time he fell under observation his symptoms gradually receded, until, so says the report, as far back as two or three years ago little remained but some deformities. These were evidence, not of active disease, but of disease which had existed, and which had caused the mutilations during the by-gone time of its activity. \* \* \* \* The number remaining in the lazaret at the end of the year was, therefore, 37. Of these, 16 were whites—four of them being females—while the remaining 21 were members of various colored races. The total number of patients admitted since 1883, when the first patients were received, is 58.—*Australasian Med. Gaz.*

**Necessity of Strict Dieting in Skin Diseases.**—Dr. Brocq (*Jour. de Méd. et de Chir.*) insists that not only are there certain kinds of food which provoke immediate eruptions of the skin, but that others act with a more delayed effect. It is generally easy to obtain from a patient a promise to abstain from food that produces ill effects, no matter how pleasing it may be in taste, if these effects are immediate, but when the effects become apparent only after the lapse of considerable time, as in gout or rheumatism, it is hard to obtain such a promise. Yet it is reasonably certain that effects upon the skin are often produced as remote in time from the ingestion of the deleterious articles of food, as in the case of these two named diseases, although, fortunately

for science, this remote effect is denied by the majority of dermatologists.

It then seems logical to advise arthritic people to observe a strict diet if they wish to avoid annoying eruptive attacks. They should particularly abstain from coffee, liquors, wine, beer, dark meats, and acid vegetables and fruits. Persons affected with acne must avoid salty cheese, preserved meats and fish. These precautions must be particularly observed when an attack is imminent, because of the development of the morbid predisposition. The articles of food mentioned can play a role of accidental cause under these conditions and have an immediate pathological effect.

**Ichthyosis in the Island of Meleda.**—At a recent meeting of the Imperial-royal Society of Physicians of Vienna (*Wiener medizinische Blätter*) Dr. Neumann mentioned a rare skin disease observed among the inhabitants of the island of Meleda. The soles of the feet were beset with callosities more than half an inch thick, separated by furrows, so that the surface had a honeycomb appearance. There were also callosities on the dorsum of the foot, each surrounded by a red, hyperæmic area. Similar appearances were found on the palms of the hands, on the wrists, and on the extensor surfaces of the knees and elbows. For years the disease had been hereditary in a family. The speaker defined it as a hyperkeratosis which had first been described in 1826 as a partial ichthyosis.—*New York Med. Jour.*

#### GENITO-URINARY SURGERY.

When posterior urethritis was present, intravesical irrigation with the permanganate solution was practiced from the meatus; after which a soft-rubber catheter, about 15 French, cut off so that it was only seven inches long, was lubricated with argonin, slid down past the "cut-off muscle," and two drachms of the argonin solution were injected; the catheter was then withdrawn, and the anterior urethra was filled with argonin as in anterior urethritis. No internal medication was given except to regulate the bowels.

This treatment caused a rapid diminution of the discharge, and in the majority of cases a corresponding diminution in the number of gonococci present.

The injections, which were repeated daily, were painless, and were followed by no inflammatory reaction; on the contrary, the

inflammation of the disease *per se* was markedly diminished from the very start; even in the earliest stages the ardor urinæ was markedly lessened, and in most cases gave no further trouble.—*Codex Medicus.*

**Argonin in the Acute Stage of Gonorrhea.**—Swinburn (*Journal of Cutaneous and Genito-Urinary Diseases*, August, 1896) records fifty-one cases of acute gonorrhea which he has treated with argonin. This drug is a combination of silver with casein; it is a white powder, which when heated over a water-bath forms an opalescent, viscid, albuminous fluid, the maximum strength of which is 10 per cent.

The routine treatment of these cases was as follows: If only the anterior urethra was involved, only so much of the canal was irrigated with a weak ( $\frac{1}{500}$ ) solution of potassium permanganate; the patient was then placed on a table, and the anterior urethra was slowly filled to distension with the 10 per cent. solution of argonin, which the patient was made to retain by holding the lips of the meatus together for five or ten minutes.

**Immediate Suture of the Bladder After Suprapubic Cystotomy.**—De Fallacos advocates (*Revue de Chirurgie*) immediate suture of the bladder after suprapubic cystotomy, and thinks it should be employed in almost every case, irrespective of the condition for which the operation was performed or the age of the patient, and refers to numerous successful cases. He prefers catgut for suture material, and uses a catheter à demeure. He allows his patients to get up at the end of a fortnight, as a rule.

**Spontaneous Rupture of the Female Bladder.**—The patient, a woman of thirty-eight years, was operated upon December 5, 1896, for hemorrhoids (*Lancet*). On making a sudden movement in bed, she felt something give way in the lower part of the abdomen, which was soon followed by severe abdominal pain. Abdominal distension and diminution in the quantity of urine soon took place. There was no rise in temperature. The patient died three days later.

At the autopsy a large quantity of water was found in the peritoneal cavity; no peritonitis, tuberculosis, or other disease of the peritoneum. The bladder was empty. In the median line of its upper and posterior surface was an oval ulcer with thick-

ened edges, an inch long and half an inch wide. Its base was formed by the mucous membrane of the bladder, in the centre of which was a small perforation through which the urine made its escape. Report as to the nature of the ulcer was reserved for further examination.

**Favorable Effects of Amylene Hydrate in the Treatment of Diabetes Insipidus.**—In the case of a young man who was insane and had suffered from diabetes insipidus since childhood, Dr. H. Brackmann (*Untergötzsch*) had recourse, to combat insomnia, to the administration each evening of 2.5 grammes of amylen hydrate. Under this treatment, the amount of urine was reduced from seven to two litres daily, and the polydipsia disappeared. The administration of the drug having been discontinued, polyuria again made its appearance, but ceased as soon as the treatment was resumed. After it had been continued, however, for a certain time, the quantity of urine excreted in the twenty-four hours, even without the administration of amylen hydrate, never exceeded five litres, which was considerably less than before this treatment was instituted. Dr. Brackmann therefore recommends trying occasionally amylen hydrate when one has to deal with a patient suffering from polyuria.—*N. A. Practitioner.*

#### MEDICO-LEGAL.

**Examination of Persons.**—Where a physician undertakes to examine a person, and to report whether he is diseased, the supreme judicial court of Massachusetts holds, in *Harriot v. Plimptom*, October 21, 1896, that he is bound to have the ordinary skill and learning of a physician, and to exercise ordinary diligence and care. If he fails and the person examined is injured because of his want of such skill and learning or his want of such care, he is answerable in damages. The fact that the purpose of such examination is information and not medical treatment is, in the opinion of the court, immaterial. But the breaking of a marriage engagement of a person examined, in consequence of a wrong diagnosis, the court considers too remote a damage to sustain an action. Whether the physician has used ordinary care, learning and diligence is, upon the evidence, for the jury to determine. When the physician's subsequent conversations with third parties on the subject of the

examined person's condition are bad under circumstances which justify him in communicating the information, the court further holds that the absence of express malice is a defence to an action for slander.—*J. A. M. A.*

**Not Natural Results of Injuries.**—Loss of memory or impaired mental constitution, the supreme court of Kansas holds, in *Atchison T. & S. F. R. Co. v. Willey*, March 6, 1897, are not the natural or probable results of mere bodily injuries negligently inflicted by one person upon another, and, in consequence, before recovery therefor, as items of damage resulting from such injuries, can be had, they must be specifically pleaded.—*J. A. M. A.*

**Doctor's Bills as Expenses.**—In actions for personal injuries, in order to recover for medical attendance and similar items, the supreme court of Nebraska says, in *Golder v. Lund*, March 3, 1897, that it is necessary for the plaintiff to show two facts: first, what expense he actually incurred; and, secondly, that it was reasonably incurred. It is not the reasonable charge for medical services which he may recover, but the expense to him of such services, not to exceed their reasonable value. But in order to recover in such an action for expenses of medical treatment, the court further holds, it is not necessary to prove by the record that the physician rendering the services was licensed to practice under the statute. Proof that he practiced as a physician raises the presumption in actions between third parties that he was licensed to do so.—*Jour. A. M. A.*

#### PROCTOLOGY.

**Hemorrhoids.**—Dr. T. Lauder Brunton, in the *British Med. Journal*, on the treatment of piles, says: first, keep the liver in a condition to maintain a free supply of blood through it. For this purpose, insist on moderation in food and stimulants. Occasional small mercurial purgatives, followed by a mild saline, alum in small doses and castor oil, do good. Exercise is useful in keeping the liver free, but this exercise must be of a certain kind. Both blood and bile have a tendency to stagnate in the liver; but this stagnation is lessened by the liver being rhythmically squeezed between the diaphragm and abdominal muscle. Brisk horse-back exercise, either trotting or cantering, or touch-

ing the toes with the fingers, the knees being kept straight, is excellent exercise. A regular action of the bowels is of the utmost importance. The best time ordinarily for emptying the bowels is after breakfast, but if the piles have a tendency to come down, it is better to empty them every night before going to bed. The patient should take with him a bottle of hamamelis and some prepared sheep's wool. A small pledget of the wool should be inserted sufficiently to be grasped by the sphincters. This acts locally as a support to the piles, while hamamelis is healing and stops hemorrhages quickly.

**Operative Treatment of Rectal Strictures.**—At the German Surgical Congress, Hr. Sonnenburg gave an address on the operative treatment of high-seated strictures of the rectum. He said that there were important difficulties to the operator in these cases. In deep-seated syphilitic strictures the best treatment was excision of the strictured portion. Treatment by bougies answered in many cases. In high-seated strictures the speaker had for years made use of a procedure of his own, viz.: external rectotomy, sparing the sphincter. The bowel was incised into the lumen and tamponnaded. The wound remained for months, but the lumen remained good. His first cases were operated on six years ago, but the result was still good. In a second case there was a carcinomatous annular stricture barely within reach. Here he combined laparotomy with resection of the sacrum, after an artificial anus had been made by another surgeon, for ten days complete obstruction. The tumor was firmly adherent to the periosteum of the sacrum. After the resection the tumor was separated through the sound parts, and removed through the sphincter. After fourteen months the patient was still healthy.

Hr. Trendelenburg had operated in a similar manner, but he had first reached the tumor by laparotomy, and avoided resection of the sacrum as much as possible, as an artificial anus was easily left behind. He resected the bowel in the abdomen, and sutured there. It was very difficult to apply sutures securely in the depths of the pelvis. He now employed another method, which was not, however, readily applicable in fat abdomens. After purging, laparotomy was performed, the patient being in the Trendelenburg position, the peritoneal covering of the tumor was then removed, the tumor freed and isolated, and he could

get down as far as the levator ani. The patient was now brought into the ordinary position, with the legs drawn up; an assistant pulled from the anus, the operator pushed from above, and a prolapse was thus reached, upon the summit of which the carcinoma was situated. The formation of the prolapse was much facilitated by incision of the mesocolon on the margin of the rectum and sigmoid flexure. The carcinoma was now removed through healthy tissues. In this way resection of the coccyx and sacrum was avoided.

**Pathology and Treatment of Stricture of the Rectum.**—Hr. Reider, Bonn, followed with a paper on the pathology and treatment of stricture of the rectum. In his investigations he had set himself two questions to answer: 1. Was there a stricture on a syphilitic basis, and could it be recognized? 2. Why did these strictures especially occur in women? The presence of syphilis was no proof of the syphilitic nature of the stricture. In September, 1885, a woman, æt. 42, came under treatment for secondary and tertiary symptoms, in whom there was ulceration of the rectum, with stricture four finger breadths above the sphincter. The microscope showed normal arteries, but diseased veins, gummous, cell tissue filtration. The changes in the veins consisted in a high degree of sclerosis of the intima. In another woman, æt. 31, who had been a puella publica, and had had syphilis, there was marked stricture of the rectum, and histological examination gave the like results, except as the case was older there was a new growth of elastic tissue. The same symptoms of changes in the veins were present in the primary, secondary, and tertiary stages. From this it was evident there could be no retrogression of the stricture, and total extirpation was called for.—*Medical Press and Circular.*

#### NEUROLOGY.

**Atropine Versus Quinine Tinnitus.**—A writer, M. Aubert, in the *Lyon Medicale*, January ultimo, relates three cases of neuralgia in which he attenuated and even suppressed this disagreeable symptom by adding a small dose of atropine sulphate. From five to seven grains of quinine were given at a dose and to each author added 0.007 of a grain of atropine sulphate. In one case this prevented and in the two others greatly moderated this

disagreeable symptom. The pains were allayed and no atropinism followed.

A favorite formula in sciatica and facial neuralgia of suspected malarial origin with us for the past twenty-five years has been as follows:

Rx Quiniae.....	3ij.
Ext. belladonna .....	gr. iiij.
Ext. nucis vom .....	gr. iss.
Liq. potass. arsen.....	3j.
Ext. tarax. et olei menth. pip. q. s., ft. mass.	

Ft. cap., No. xxiv.

Sig. Two capsules after each meal.

P. S.—Latterly we have added twelve grains taka-diaastase or scale pepsin to the above; sometimes both and a duodenal digestive.

We think susceptible patients tolerate the quinine better perhaps with atropia, but we have not discovered that idiosyncrasy against quinine in some persons has been truly overcome or that the tinnitus of the drug is entirely destroyed by the atropine. Hydrobromic acid or sodium bromide act better in this direction.  
—*Alienist and Neurologist.*

**Steps Toward Insanity.**—Dr. Smith Baker of Utica read a paper with this title before the American Neurological Association. He said that the biological doctrine that structure determines function is applicable to the neuron as to other basal elements. Applied to insanity, psychiatry properly becomes an important branch of it. The primary pre-supposition of every instance of true insanity is that it is based upon arrest of development and a nurture too faulty to correct this. One step which initiates the degenerative tendency is unphysiological marriage, and the perverse tensions and reactions which grow therefrom. Another step is vitiation by sexual overstress or nutritional perversions during the child-bearing period. With the individual, defective home conditions play a most prominent part in fixating degenerative tendencies. Frequently the ordinary educational course, the universal leaning on proxies and various kinds of stimulants, are but the ways of confirming all that is degenerative. Diseases and accidents are important, because of the emotional stress involved. Arrest of development at puberty is serious always. The immediate causation of the structural change seems

to come through exhaustion and auto-intoxication. This must interfere with the characteristic activity of the neurons, which activity seems to be on the point of discovery as an amœboid movement of the cells or their processes. Dissociation, confusion, systematization may thus come to be founded in actual structural defect, itself the result, primarily, of emotional stress in ancestry.—*Med. Rec.*

**Syphilis and Paresis.**—An abstract in *The Quarterly Journal of Inebriety* (Vol. xix., No. 1) gives the following significant passage from a paper by Dr. Williams:

“ Practically 75 per cent. of all cases of general paralysis exhibit proof of primarily syphilitic infection.” The history of all cases is the “ typical man of the world ”—ambitious, fond of society and high living, a light sleeper, and a heavy drinker; then come delusions and well-marked paresis. Four cases were noted where syphilitic teeth were prominent, although no history of syphilis could be obtained. Each one had used spirits freely. The pathological conditions in chronic inebriety, syphilis and paresis are alike. The thickened membranes and meningeal changes are the same. The neurosis which predisposes to insanity, paresis, or inebriety may be of syphilitic origin. A history of using alcohol exists in all cases of paresis, and it is significant of contributing causes not yet studied.—*Am. Med.-Surg. Bull.*

#### TERATOLOGY.

**Congenital Gastric Spasm (Congenital Hypertrophy and Stenosis of the Pylorus).**—Dr. John Thompson gave the notes before the Edinburg Medico-Chirurgical Society.

He had already published two cases, and now read notes of a third recently seen by him. The child was a female, 27 days old. She was emaciated, and vomited persistently, and a small tumour could be felt in the epigastrium. The stools were scanty, otherwise no abnormality was present. During the first week of life she had had little or no food because the mother, who was most anxious to nurse, had been unable to do so. The child was then put on cow's milk, which appeared to agree well at first, but in a day or two vomiting began. A wet nurse was got for her; the usual remedies for sickness, including lavage of the stomach, were tried, but without result, the child dying on the fortieth

day. The treatment of most avail was lavage, and feeding through the stomach tube; it was frequently found that food was retained when administered in this way, while, if simply swallowed, it was at once rejected. Although, however, peptonized milk given thus was not immediately vomited, one found, on introducing the tube to feed a second time, that little or none of the previous meal had passed into the duodenum. On *post-mortem* examination all the organs were healthy, except the stomach, which was large and hypertrophied; the pylorus felt like a dense cylinder, and fluid could not by any reasonable pressure be forced from the stomach into the duodenum. A bougie, however, easily passed through the contracted orifice. From a consideration of his own and other recorded cases, the writer showed that the condition does not interfere with nutrition *in utero*. The symptoms do not develop immediately after birth, but are delayed for some days. Vomiting is at first intermittent, then continuous, and the tongue remains clean. The ejected matters are never bile-stained, the stools are scanty, and the intestines collapsed. The degree of hypertrophy has no direct relation to the length of the child's life, some of the most marked cases having been those fatal early. In a few cases recovery has been said to take place. Surgical treatment alone seemed to hold out any prospect of success. In these cases there was no true fibrous stricture, but only spasm and hypertrophy of the muscular coats. Microscopically, the lesion has affected the circular layer most frequently, in rarer instances it has been limited to the longitudinal fibres. Changes in the sub-mucosa were probably secondary. Dr. Thompson thought that the muscular increase was due to excessive functional activity. *In utero* the fetus was constantly swallowing liquor amnii, and probably there was some nervous lesion interfering with the perfect co-ordination of the stomach peristalsis, and so bringing about excessive work and consequent hypertrophy. The essential lesion was, he believed, a nervous one, hence congenital gastric spasm was the most correct name for the condition.—*Scalpel*.

## BOOK REVIEWS.

**Surgery of the Rectum and Pelvis.** By CHARLES B. KELSEY, A.M., M.D. Imperial 8vo., pp. 573. With Two Hundred and Eighty-One Illustrations and Half-Tone Plates. [New York: Richard Kettles & Co. 1897. Price, cloth \$6.00; sheep, \$7.00; Morrocco, \$8.00.

The work before us is certainly one whose scope has been materially increased since the appearance of the fifth edition of the work on Diseases of the Rectum. The author contends, and with a very good show of justice, that the proctologist is, in reality, a pelvic surgeon. So many rectal diseases are intimately connected with other pelvic organs, both in the male and the female, that the rectal surgeon is forced to do much that has been heretofore limited to the domain of gynecology and genito-urinary surgery. And, although no authority on rectal disease, has heretofore attempted to combine the pelvic organs with the rectum, we have no doubt that surgeons will be delighted to note the appearance of this latest work of Kelsey.

We cannot enter into a full review of this meritorious work, and are rather surprised that he has never been able to observe chancroids of the rectum. The reviewer has had occasion to see them as high up as four inches from the anus, and they were due to pederasty. Another point the author does not insist upon is Brouardel's sign of the passive pederast, which is evidenced by the funnel-shaped anus. Again, he does not mention the venereal warts which sometimes form a circlet at the verge of the anus as a result of an irritating discharge consequent upon gonorrhea or not.

So far as the topics of stricture and malignant diseases of the rectum are concerned, they are handled with a master-hand. The illustrations which are given to picture the appearances of the various conditions and the operations to be performed are most excellent and given with great liberality. In fact, there can be no criticism whatever upon this point. The anatomy of the rectum and the general rules to be observed in operations are among the most valuable chapters of the book, as they are also the most essential.

Rectal and general surgeons will find it to their advantage to get this work, as it may be classed among those books which are reliable guides and friends upon whom dependence is to be placed in all cases of necessity.

Dr. Kelsey has endeavored to give the profession a book embodying his large experience, and he has succeeded in doing a real service to the profession in the issuance of this work.

The publishers have done their work most excellently and have produced a handsome volume in a typographical point of view, the paper and binding being also of a superior quality.

**System of Diseases of the Eye.** By American, British, Dutch, French, German, and Spanish Authors. Edited by WILLIAM F. NORRIS, A.M., M.D., and CHARLES A. OLIVER, A.M., M.D. Vol. II. Examination of the Eye, School Hygiene, Statistics of Blindness, and Antisepsis. Imperial 8vo., pp. 556. With Thirteen Full-Page Plates and Two Hundred and Fourteen Text Illustrations. [Philadelphia: J. B. Lippincott Co. 1897. Price of 4 volumes, cloth, \$20.00; sheep, \$24.00; half-Russia, \$26.00. Sold by subscription only.

Our readers may possibly remember what we said of the first volume of this most excellent system, and our opinion has only been confirmed by the second one before us. The more practical portion of the subject is entered into, the examination of the eye taking up 315 pages. The methods of determining the Acuity of Vision is from the pen of Dr. Herman Suellen, the well-known teacher of Utrecht, whilst his son contributes an article on Mydriatics and Myotics. Skiascopy (the shadow test, retinoscopy) forms the subject of a most interesting paper by Dr. Edward Jackson, who is well-known for his work in this special department. Ophthalmometry is handled by Adolphe Javal, the well-known inventor of the ophthalmometer which bears his name, and than whom there is no one more competent to deal with this subject. The ophthalmoscope and the art of ophthalmoscopy is considered in a most interesting manner by Dr. George M. Gould. The subject of blindness, its course and frequency, is that of a chapter by Dr. I. Minis Hays, whose work in this special department has engrossed the attention of the best eye specialists as well as of the more progressive members of the medical profession. A particularly valuable paper is that on school hygiene with special reference to the eyes of school children, by Dr. S. D. Risley. The author does not deal with his subject from a purely theoretical point of view, but he gives actual conditions, such as they exist, both good and bad, and dwells upon both in a manner which is both clear and comprehensible to any one who reads it. It is certainly a most valuable paper, useful not only to ophthalmologists and physicians, but to hygienists and architects also. The principles of antisepsis and experiments made by Dr. Joseph A. Andrews is followed by the concluding paper on the micro-organisms of the conjunctiva and lachrymal sac, by Dr. Joseph McFarland.

It must not be supposed from the above very short synopsis of a portion of the papers that the papers are purely of an ultra scientific character. They are of a practical nature as well, and

the connection of the practical with the purely theoretical is so apparent that their interdependence is fully demonstrated. We cannot but accord the highest praise to the two volumes of this system which have appeared, and we anticipate that the two others will fully bear us out in our idea that they will be thoroughly worthy of their predecessors and fitly terminate a work which is not only monumental, but really great.

**Illustrated Skin Diseases. An Atlas and Text-Book, with Special Reference to Modern Diagnosis and the Most Approved Methods of Treatment.** By WILLIAM S. GOTTHEIL, M.D. Portfolios 7, 8, and 9. Quarto, pp. 157-228. Twelve Full-Page Plates and Numerous Half-Tones in the Text. [New York: E. B. Treat & Co. 1897. Price, \$1.00 per portfolio.

We cannot say, with justice to the author, that the standard established in the first six portfolios of his most excellent work has been sustained; the simple truth is that it has been surpassed in this instalment. We cannot but admire the rare discrimination he has used in the selection of his pictures, and the good judgment displayed in the cases which he gives. They are all of such a nature as to prove of the greatest value to the student of dermatology, and are full of interest to him who has had occasion to observe any considerable number of cases. The illustrations of lupus are not numerous, as might be expected, whilst, on the other hand, those of syphilis are sufficiently numerous and typical. On the whole, no complaint can be made of the illustrations, and the plates certainly make up for any deficiencies which hypercriticism might find in the half-tones distributed throughout the text.

Among the plates which we desire to particularly commend are those illustrating syphiloderma papulosum, purpura, pemphigus, and rosacea. A most interesting picture is that on Plate xx, which illustrates cathode ray dermatitis of the hand. It is well-shown and has the added interest of being a novelty, which shows the powerful effect in the skin of what is very aptly termed the *X* or unknown ray of Roentgen.

The text continues to be clear and explicit, and particular attention is paid to therapeutics. In fact, the instructive feature has been borne in mind by the author, and this very fact should make his work a very popular one and much sought after. In addition to this, the publishers have arrived at the great desideratum of furnishing a good text-book with a most excellent atlas at what is really a nominal price. For these reasons the work should meet with the hearty support of the profession, and there is no one who buys it that will regret the small outlay when compared with the returns which will be obtained.

O-D.

**Eye-Strain in Health and Disease.** With Special Reference to the Amelioration or Cure of Chronic Nervous Derangements Without the Aid of Drugs. By AMBROSE L. RANNEY, A.M., M.D. Large 8vo., pp. 321. Illustrated with Thirty-Eight Wood Engravings. [Philadelphia, New York, Chicago: The F. A. Davis Co. 1897. Price, \$2.00, net.

We all know that of late years ophthalmologists have successfully treated headaches due to eye strain by adapting proper glasses to the eye of the patients, and thus overcoming the strain. This procedure excited much ridicule and unfavorable criticism at first, and yet it is an accepted mode of treatment to-day. In the volume before us the author, a well-known and capable neurologist, goes a step further, making the claim that many chronic nervous diseases may be cured without the use of drugs. He traces the influence of eye-strain upon a large number of conditions, and very properly discriminates between this condition and others which may simulate it. In fact, he recommends operations where the trouble is muscular and not due to any refractive error. He very properly goes into the errors of refraction of the eye and gives the most approved methods of examination, demonstrating his capabilities as an ophthalmologist as well as a neurologist. He is opposed to the older methods of determining the muscular anomalies of the eyes, regarding them as unworthy of perpetuation, but he speaks highly of the more modern methods. He states furthermore, with great justice, that the general practitioner should be able to examine the eyes as well as he can the organs of the chest.

So far as the practical application of methods to overcome eye-straining and thus improve the nervous troubles consequent thereon, he proves abundantly by tables and clinical records that they are not only efficient, but valuable, and, we were about to say, necessary. The book is an excellent one, which is destined to meet with the general approval of those having any experience.

**The Liver of Dyspeptics, and Particularly the Cirrhosis Produced by Auto-Intoxication of Gastro-Intestinal Origin (Clinical, Anatomo-Pathological, Pathogenic and Experimental Study).** By DR. EMILE BOIX. Authorized Translation from the Latest French Edition, by Paul Richard Brown, M.D. 8vo., pp. 133. [New York: G. P. Putnam's Sons, 1897. Price, \$2.00.

We have been more than pleased with this excellent monograph. It belongs to that class of works which are of the greatest utility to the medical profession, and we have no doubt whatever that the author has made a contribution which is destined to prove, in the highest degree, instructive to medical practi-

tioners. It has been a very unfortunate circumstance, for instance, that the general opinion has prevailed that hepatic cirrhosis is invariably of alcoholic origin, when such is far from being the case. Dr. Boix conclusively proves that certain forms of dyspepsia in non-alcoholics may prove a typical cirrhosis of the liver, and he confirms his conclusions by his pathologic investigations as well as those of others.

Beginning with a consideration of the important subject of auto-intoxication of gastric origin, the author enters into general considerations, then takes up the poisons of the alimentary canal and finally concludes Part I. with a chapter on the conditions which favor the production of these poisons. Gastric dilatation is considered a constipation of the stomach, and intestinal constipation is in itself sufficient to cause auto-intoxication.

In Part II. are taken up, among other things, the liver and its poisons, congestion of the liver of gastro-intestinal origin, confirmed cirrhosis of the liver occurring during the course of dyspepsia, together with the etiology, pathogeny and pathological anatomy of dyspeptic cirrhosis and its place among the various cirrhoses of the liver. Part III. is devoted to experimentation. The previous experiments made by different investigators and the personal experiments of the writer are given in detail. It is by this means that the true pathogeny of the various changes occurring in the liver of dyspeptics has been established by the author. The book terminates with a general recapitulation. As a thorough monograph on the subject with which it deals we can recommend the book. The translation has been well made, and we have no doubt that a ready sale will follow its appearance.

**Hysteria and Certain Allied Conditions. Their Nature and Treatment, with Special Reference to the Application of the Rest Cure, Massage, Electrotherapy, Hypnotism, Etc.** By GEORGE J. PRESTON, M.D. 8vo., pp. 298. Illustrated. [Philadelphia: P. Blakiston, Son & Co., Publishers. Price, \$2.00,

If there is one subject in medicine upon which the most hazy and diverse ideas have existed it is without doubt that of hysteria. Not only has the origin of the trouble been shrouded in mystery, but the treatment adopted has been entirely empirical and, in many instances, not only inadequate but positively harmful. The work before us is a monograph, the result of the thoughtful and serious work of one who has made a thorough study of his subject.

Whilst the author does not claim to be able to prove his position, he argues with much reason that the most potent factors of hysteria furnish exactly the conditions that *a priori* we would expect to be responsible in exhausting the nervous energy, and using up the protoplasm of the cells which compose the higher

nerve centers. He demonstrates quite thoroughly the inadequacy of the assertion that the reproductive organs in the female are the cause of hysteria, and very aptly remarks that this is the result of the suggestion of the women themselves, who do not know to what other cause their disease can be referred.

The symptomatology and differential diagnosis are classical. Many who read this portion of the book will find their ideas modified in a very radical manner, and will have occasion to learn that many of their supposed cases of hysteria are entirely different troubles, which a hasty or imperfect examination lead to dub hysteria—a term which, like malaria, has come to be a sort of a general *refugium peccatorum*, a *confessio in formā pauperis*, whereby an ignorance of the exact condition which exists may be concealed.

The book before us concludes with a rational and scientific exposition of the treatment of hysteria. In this part are considered the various forms of the trouble, the pathogeny of each, and the proper methods of treatment, which are not limited to medication, but include electro-therapeutics and hypnotism as well. This portion alone should recommend the book to the profession, and we can heartily recommend its earnest reading to every medical man. It is written in a most interesting style, and is full of facts of a most valuable and practical nature.

**Teratogenesis. An Inquiry into the Causes of Monstrosities.**

**History of the Theories of the Past.** By J. W. BALLANTYNE, M.D., F.R.C.P.E., F.R.S.E. 8vo., pp. 62. [Edinburgh: Oliver & Boyd. 1897.]

As every one knows, Dr. Ballantyne is a most ardent student of teratology and anti-natal pathology, in which departments he has done an immense amount of good work. The booklet before us is a reprint of articles which originally appeared in the *Edinburgh Medical Journal* last year, and constitutes what could be properly considered an introduction to vol. I. of the author's work on Ante-Natal Pathology. It is certainly a most interesting contribution to the history of teratology, and a mere glance at its contents will attest to the immense amount of research which was necessary in its elaboration. We must confess that when we began its reading we did not cease until we had reached the last page. A point about it which should make it particularly interesting to those who are so fortunate as to possess a copy, is the author's consideration of the subject of maternal impressions and his interpretation of this phenomenon, if it really is a fact, which latter he is inclined to believe. He speaks of this with such a show of reason that his ideas will no doubt be given full consideration by those who have hooted at the idea. Of course, he denies the reproduction of the deformity seen by

the pregnant woman, but he admits the possibility of an arrest of development being possible, if the nervous system of the mother be much disturbed at certain periods of pregnancy.

**Transactions of the Southern Surgical and Gynecological Association.** Vol. IX. Ninth Session, Held at Nashville, Tenn., Nov. 10-12, 1896. 8vo., pp. 471. [Published by the Association. 1897.]

The annual volume before us is as welcome as the visit of an old friend can be. We look for its annual appearance with that pleasurable anticipation begotten by past pleasures, and welcome its arrival as a harbinger of good things and a messenger of progress. The society which issues these transactions is entitled to much credit, and it reflects much honor upon the profession of the South as one composed of earnest, thoughtful men, who are progressive in character and energetic in work. But, we were going to add, there is one moving spirit back of all—one who has been indefatigable in his work, and who has been sufficiently appreciated to keep him at his post. We mean the secretary, Dr. W. E. B. Davis, of Birmingham, Ala., who is responsible for the handsome annual volume of the association.

We will not catalogue the numerous good papers which appear in this volume of Transactions, but will merely repeat what we heard a surgeon say not long since: "It's as full of meat as a fresh egg."

**A Short Practice of Midwifery, Embodying the Treatment Adopted in the Rotunda Hospital, Dublin.** By HENRY JELLETT, B.A., M.D., B.Ch., B.A.O., L.R.C.P.I., L.M. With a Preface by W. J. SMYLY, M.D., F.R.C.P.I. 12mo.; pp. 233. With 45 Illustrations, and an Appendix containing the Statistics of the Hospital for the Last Seven Years. [Philadelphia: P. Blakiston, Son & Co. 1897. Price, \$1.75.]

This little work is one which is distinctly of a practical character, and evidently written by a practical man, such as we would expect the Assistant Master of the Dublin Rotunda Hospital to be. It is a most valuable book, and one which every accoucheur should possess himself of as a *vade mecum*. Clear directions are given, and the author lays down fixed rules with such certainty as to engender confidence in his dicta. His ideas in regard to some points may differ from those of other authors, but they are certainly sound, and have the authority which a large and successful experience alone could clothe them with and confer upon them.

The book is an exposition of the practice pursued at the Rotunda Hospital, and we can form a conception of what this is when we examine the mortality table for the past seven years. Thus in 1889-90, 1,190 patients were admitted, and of this num-

ber 19 died. The number of deaths steadily decreased, until in 1895-96 out of a total of 1,524 but one patient died. This certainly argues favorably both for the methods employed and for the gentlemen having charge of the hospital. As the author was assistant-master during this period, his work should certainly be accepted as a valuable contribution to the literature of obstetrics.

**Transactions of the Pediatric Society.** Eighth Session, held in Montreal, Canada, May 25-27, 1896. Edited by FLOYD M. CRANDALL, M.D. Vol. VIII. 8vo., pp. 243. [Reprinted from *The Archives of Pediatrics*. 1896.

There is no doubt in any one's mind that among the special medical organizations of this country there is none which has done better work in its branch than the American Pediatric Society. As evidence which attests to this fact the volume before us presents much strength. Whilst we have read the separate papers as they appeared in *The Archives of Pediatrics*, we did not fully realize how much material they embraced until presented in book form. The Transactions have been edited well and carefully, and constitute a valuable volume, embracing the recent advances in pediatrics, which cannot but prove both interesting and useful to every practicing physician, and of benefit to his little helpless patients. Lack of space forbids our going into an exhaustive review, but we would recommend this book to every physician desirous of perfecting himself on the subject of the diseases of children.

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## LITERARY NOTES.

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**Books Received.**—The following books have been received during the past month and are reviewed in the present number of the JOURNAL:

**Hysteria and Certain Allied Conditions. Their Nature and Treatment, with Special Reference to the Application of the Rest Cure, Massage, Electro-therapy, Hypnotism, Etc.,** by George J. Preston, M.D. Small 8vo., pp. 298. Illustrated. [Philadelphia: P. Blakiston, Son & Co. 1897. Price, \$2.00.

**Teratogenesis: An Inquiry Into the Causes of Monstrosities. History of the Theories of the Past,** by J. W. Ballantyne, M.D., F.R.C.P.E., F.R.S.E. Small 8vo., pp. 62. [Edinburgh: Oliver & Boyd. 1897.

**The Liver of Dyspeptics and Particularly the Cirrhosis Produced by Auto-Intoxication of Gastro-Intestinal Origin (Clinical,**

Anatomo-Pathological, Pathogenic, and Experimental Study), by Dr. Emile Boix. Authorized Translation, from the Latest French Edition, by Paul Richard Brown, M.D. 8vo., pp. 133. [New York and London: G. P. Putnam's Sons. 1897. Price, \$2.00.

Transactions of the Southern Surgical and Gynecological Association. Vol. IX. Ninth Session, held at Nashville, Tenn., Nov. 10-12, 1896. 8vo., pp. 471. [Published by the Association. 1897.

System of Diseases of the Eye. By American, British, Dutch, French, German, and Spanish Authors. Edited by William F. Norris, A.M., M.D., and Charles A. Oliver, A.M., M.D. Vol. II. Examination of the Eye, School Hygiene, Statistics of Blindness, and Antisepsis. Large 8vo., pp. 556. With Thirteen Full-Page Plates and Two Hundred and Fourteen Text Illustrations. [Philadelphia: J. B. Lippincott Company. 1897. The work to be completed in Four Volumes. Price, complete: cloth, \$20.00; sheep, \$24.00; half russia, \$26.00.

The Surgery of the Rectum and Pelvis, by Charles B. Kelsey, A.M. M.D. Imperial 8vo., pp. 573. With Two Hundred and Eighty-one Illustrations and Half-Tone Plates. [New York: Richard Kettles & Co. 1897. Prices: cloth, \$6.00; sheep, \$7.00; morocco, \$8.00.

Illustrated Skin Diseases. An Atlas and Text-Book with Special Reference to Modern Diagnosis and the Most Approved Methods of Treatment, by William S. Gottheil, M.D. Portfolios 7, 8 and 9. Quarto, pp. 157-228. Twelve Full Page Plates and Numerous Half-Tones in the Text. [New York: E. B. Treat & Co. 1897. Price, \$1.00 per portfolio.

Transactions of the American Pediatric Society, Eighth Session, held in Montreal, Canada, May 25-27, 1896. Edited by Floyd M. Crandall, M.D. Vol. VIII. 8vo., pp. 243. [Reprinted from *The Archives of Pediatrics*. 1896.

Mac Rae's Medical Manual; a Directory of Physicians, Surgeons, Dentists, Druggists, and Trained Nurses of St. Louis. 12mo., pp. 58. [St. Louis: Mac Rae Pub. Co. 1897. Price: paper, \$1.00; cloth, \$1.50.

Eye-Strain in Health and Disease, with Special Reference to the Amelioration or Cure of Chronic Nervous Derangements Without the Aid of Drugs, by Ambrose L. Ranney, A.M., M.D. 8vo., pp. 321. Illustrated With 38 Wood-cuts. [Philadelphia: The F. A. Davis Co. 1897. Price, \$2.00 net.

A Short Practice of Midwifery, Embodying the Treatment Adopted in the Rotunda Hospital, Dublin, by Henry Jellett,

B.A., M.D., B.Ch., B.A.O., L.R.C.P.I., L.M. With a preface by W. J. Smyly, M.D., F.R.C.P.I. 12mo.; pp. 323. With 45 Illustrations, and an Appendix containing the Statistics of the Hospital for the Last Seven Years. [Philadelphia: P. Blakiston, Son & Co. 1897. Price, \$1.75.

**Mac Rae's Medical Manual** is a very handy medical directory of St. Louis, which was recently issued and corrected within five days of its appearance. The publisher has made it a thoroughly reliable book, which contains not only the names and addresses of physicians, and office hours and telephones, but other matter of interest to the profession. Thus medical colleges, hospitals, dispensaries, journals, wholesale druggists, etc., also find a proper place in this handy little guide. The publisher intends to issue this semi-annually, with all necessary corrections up to date, and will, no doubt, make a hit with it.

**Announcement.**—Richard Kettles & Co., 129 Fifth Avenue, New York City, announce that a Photographic Atlas of Skin Diseases, upon which Dr. George Henry Fox has been at work for many years, is shortly to appear. This will consist of one hundred plates of large size, carefully colored by hand, and with descriptive text.

**The Pennsylvania Medical Journal** has just appeared. It is the official organ of the Pennsylvania State Medical Society. It is a monthly of the same style and appearance as the *Pittsburg Medical Review* which it replaces, the latter having been withdrawn. The *Journal* is issued by a committee on publication, and will, no doubt, prove a success. Its initial number is an excellent one, and the men at the helm are a sufficient guarantee that it will continue to maintain the high standard which has been established.

**American Journal of Insanity.** The *American Journal of Insanity* will hereafter be published in Baltimore by the Johns Hopkins Press. The editors will be Drs. Henry M. Hurd and E. N. Brush, of Baltimore; Dr. G. Alder Blumer, of Utica, N. Y., and Dr. J. Montgomery Mosher, of Albany, N. Y. All communications for the *Journal* should be addressed to Dr. Henry M. Hurd, care of the Johns Hopkins Hospital, Baltimore, or to any of the editors. All exchanges and business communications should be addressed to the Johns Hopkins Press, Baltimore.

**The New Orleans Medical and Surgical Journal** for July appears in gala attire. This number marks the beginning of the fiftieth volume of our esteemed cotemporary; for although but one year younger than the *JOURNAL* (having been founded in 1844) the years of the civil war saw its suspension for some time. Save for these years, it has been in active existence, and

to-day it ranks as the leading monthly of the South, under the able editorial management of Drs. Chas. Chassaignac and Isadore Dyer. A frontispiece, giving portraits of the collaborating staff, adds to the handsome appearance of this number. We have long since passed the half-century mark, but we desire to extend the right hand of fellowship and good feeling to our collaborator in the field of medical journalism, and may we both continue to show the marks of a green old age.

The St. Louis Clinique has changed hands recently. We understand that the Moffitt-West Drug Company are now the proprietors of the publication. From the absence of the name of an editor it will, in all probability, be edited anonymously.

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## MELANGE.

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**Some Interesting Facts for the Profession.**—The Committee of the Saint Louis Medical Society appointed to investigate the dispensaries and clinics in this city made three reports: the first dealt with the evils of medical charity abuse in general terms; the second pointed out specifically the names of the offenders and was accompanied by evidence; and the third contains recommendations for the correction of existing evils. We give herewith a part of the text of the second report.

*"In order to place the guilt where it properly belongs, the committee is willing to file this supplemental report, in which they make specific charges against the following-named institutions, with a 'bill of particulars':"*

I. The Mayfield Sanitarium sends posters throughout the country and has an agent that travels in its interests, advertising the principal and his institution.

II. The Missouri Baptist Sanitarium has "free" printed on its signs and cards with the names of superintendent and house physician. It has three agents or runners who canvass the country, distributing cards or posters with the names of forty-five of the "best" doctors of the city; the doctors whose names appear on the cards being equally guilty. By what right or justice can this be carried on? Under the cloak of religion?

III. The St. Louis Baptist Hospital distributes dodgers or posters with names of doctors of the medical staff, advertised as

specialists. In some respects this medium for advertising is more valuable than the preceding; it is more than doubly so when the same name occurs in the lists of both religious havens of rest.

IV. The Marion-Sims College of Medicine is guilty of using the word "free" on signs and cards, and distributing the same, with the names of the various doctors.

V. The Barnes Medical College is on the list for using the word "free" in advertising its dispensary.

VI. The St. Louis Medical College is guilty of treating appli-

## ST. JOHN'S HOSPITAL,

Twenty-third Street, bet. Olive and Locust Sts.

### CLINIC FOR DISEASES OF WOMEN.

★  
Daily at 3 P. M. (Sundays Excepted.)

CLINICAL PROFESSOR:

A. V. L. BROKAW, M.D.

CLINICAL ASSISTANT:

F. A. TEMM, M.D.

No. \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_\_\_

Name \_\_\_\_\_

**Always Bring This Card With You — Bringen Sie diese Karte immer mit.**

A Specimen Clinic Card.

The use of such cards is condemned by the St. Louis Medical Society.

cants free who are able to pay. It is asserted that about 500 surgical cases, between 700 and 800 eye cases, and about 700 genito-urinary cases are treated every week. Connected with this institution is the St. Louis Free Midwifery Dispensary, which is advertised on cards and elsewhere as "free."

VII. The Western Polyclinic uses the word "free" on signs and cards; the latter being distributed in the community.

VIII. St. John's Hospital or Infirmary is guilty of issuing and distributing cards with the word "free" and the names of the doctors printed thereon. It is claimed that patients have been sent to private offices and fees have been accepted by doctors in attendance.

# ALL PATIENTS

desiring to be treated AT ONCE

CAN BE ACCOMMODATED BY  
SECURING

# SPECIAL TICKETS !

— FROM —

DR. SAY.

# Price 25cts. a Week.

Alle Patienten, welche gleich behandelt zu werden wünschen können sich eine Special-Karte beim Dr. Say sichern.

# Preis 25 Cents die Woche.

The original card measures about  $2\frac{1}{4} \times 3\frac{1}{4}$  feet.

IX. The Missouri Medical College is guilty of the grossest breaches of the medical code. It is the greatest offender against

the well-being of the medical profession in particular, and the community in general, in treating patients well able to pay, thereby encouraging pauperism, not of the laity, but of the doctor. It is bad enough as outlined in the preceding facts and as stated in a former communication, but the situation is more execrable in this institution, as absolutely no care is taken to weed out the worthy indigent and needy from the well-to-do and rich. So long as 25 cents is paid by the one and an extra quarter by the other for precedence, the thriving nuisance will continue. Attention has been called to these abuses time and again, but the only satisfaction vouchsafed to a long-suffering profession is that the college could not yet afford to introduce a change. The Missouri Medical College is further guilty of using and distributing cards with the word "free" and names of doctors upon them, and having signs with the word "free" in bold relief; particularly a unique sign, posted in conspicuous places, halls, corridors and waiting-rooms, to the effect that by paying 25 cents extra immediate attention will be given. Some of the evidence of the above was submitted to the Society at the last meeting.

X. The Beaumont Hospital Medical College is guilty of advertising its clinics "free," the same appearing upon the outside of the building, and also of issuing cards upon which are the words "free" and the names of the doctors.

"The Missouri Medical College is further guilty of issuing and distributing cards with the word 'free' and names of doctors upon them, and having signs with the word 'free' in bold relief; particularly a unique sign, posted in conspicuous places, halls, corridors and waiting-rooms, to the effect that by paying 25 cents extra immediate attention will be given."

The posters issued by the Missouri Baptist Sanitarium, in addition to containing the names of forty-five "best" doctors of St. Louis, show how intimately medicine and religion are connected at the present day. In ancient days the priests were the law-givers, medicine men, and general promoters of the community. Is it possible that we will revert to that order of things? Read the following and then answer the question, if you can:

"Every morning after breakfast we meet to worship God. The Scriptures are read and expounded; the praises of God are

sung and prayer is offered. Every Lord's Day afternoon a general Sanitarium prayer-meeting is held in our chapel, when the public is expected."

#### STAFF OF THE BAPTIST SANITARIUM.

From the interesting and instructive literature of the Missouri Baptist Sanitarium, which has been scattered broadcast among the laity, we are able to settle a long-disputed question, viz.: WHO ARE THE "BEST" DOCTORS IN ST. LOUIS? Following is the "medical staff" of the aforesaid institution:

Dr. G. Baumgarten,	Dr. C. J. Orr,	Dr. J. B. Johnson,
Dr. J. P. Bryson,	Dr. W. B. Outten,	Dr. F. J. Lutz,
Dr. E. C. Burnett,	Dr. M. H. Post,	Dr. W. G. Moore,
Dr. N. B. Carson,	Dr. T. F. Prewitt,	Dr. F. D. Mooney,
Dr. I. H. Cadwallader,	Dr. P. G. Robinson,	Dr. Philip Skrainka,
Dr. Wm. Conrad,	Dr. E. W. Saunders,	Dr. G. Sluder,
Dr. C. H. Dickson,	Dr. J. B. Shapleigh,	Dr. T. O. Summers,
Dr. W. B. Dorsett,	Dr. W. E. Fischel,	Dr. H. N. Spencer,
Dr. C. R. Dudley,	Dr. Frank R. Fry,	Dr. A. J. Steele,
Dr. J. H. Duncan,	Dr. E. H. Gregory,	Dr. Justin Steer,
Dr. Fayette Ewing,	Dr. Joseph Grindon,	Dr. H. Tuholiske,
Dr. H. H. Mudd,	Dr. W. C. Glasgow,	Dr. P. Y. Tupper,
Dr. H. G. Mudd,	Dr. F. A. Glasgow,	Dr. G. M. Tuttle,
Dr. J. C. Mulhall,	Dr. W. A. Hardaway,	Dr. B. A. Wilkes,
Dr. E. N. Nelson,	Dr. C. H. Hughes,	Dr. T. C. Witherspoon.

Literature containing the above list has been distributed among many laymen.

[EDITORIAL NOTE.—We believe some of these doctors are innocent; we also believe others are guilty of a breach of the code, knowing that the circulars were to go to the laity. Somebody is responsible. Any gentleman who desires to do so can explain his views and position in our next issue.—ED.]

#### FACULTY OF THE ST. LOUIS MEDICAL COLLEGE.

It may be interesting to our readers, particularly those far away from this city, to know the names of the members of the faculty of the St. Louis Medical College. It will be remembered that the Committee on the Abuse of Medical Charity said of the college:

"The St. Louis Medical College is guilty of treating applicants free, who are able to pay."

J. B. JOHNSON, M.D., Professor of Principles of Medicine.

E. H. GREGORY, M.D., Professor of Principles and Practice of Surgery.

G. BAUMGARTEN, M.D., Professor of Practice of Medicine.

HENRY H. MUDD, M.D., Professor of Clinical Surgery.

W. E. FISCHEL, M.D., Professor of Clinical Medicine.

ROBT. LUDEKING, M.D., Professor of Diseases of Children.

JOHN GREEN, M.D., Professor of Ophthalmology.

JAMES M. SCOTT, M.D., Professor of Obstetrics.

JOHN P. BRYSON, M.D., Professor of Genito-Urinary Surgery.

FRANK R. FRY, M.D., Professor of Diseases of the Nervous System.

HENRY SCHWARZ, M.D., Professor of Gynæcology.

FRANK A. GLASGOW, Professor of Clinical Gynæcology.

HARVEY G. MUDD, M.D., Professor of Osteology and Regimal Anatomy.

PAULY. TUPPER, M.D.  
Professor of Descriptive Anatomy.

E.M. SENSENEY, M.D.,  
Professor of Therapeutics and Materia Medica.

CHAS. B. SANGER,  
Ph.D., Professor of Chemistry.

NORMAN BRUCE CAR-  
SON, M.D., Professor of Clinical Surgery.

JOS. GRINDON, M.D.,  
Professor of Dermatology.

JOHN B. SHAPLEIGH  
M.D., Professor of Otology.

SIDNEY P. BUDGETT,  
M.D., Professor of Physi-  
ology and Pathology.

## O'FALLON DISPENSARY,

1814 LOCUST STREET,

ST. LOUIS.

### OBSTETRIC OUT-CLINIC.

(FREE)

Patients expecting to be confined  
can get all necessary treatment at their  
homes by making application to the  
dispensary physician.

TELEPHONE:

*St. Louis Free Midwifery Dispensary,*

NO. 855.

## The Mayfield Sanitarium



**DEAR BRETHREN:** Please pardon this little draw on your time. Our hearts are so full of gratitude to God and our dear brethren, who have so nobly come to our help in our new and what seemed hazardous undertakings, that we feel that we just must tell you something of what God has already done for us, and what He seems to be inviting us to do.

First. We have just completed our new and beautiful Sanitarium, a cut of which is at the head of this column, at a cost all told of \$48,111.00, and have paid all this but \$14,000.00 which runs five years at 6 per cent. The building is beautifully furnished and furnishing paid for. We entered the third story the 15th of September, and from that time the house has been full or nearly so, the most of the

But before writing will you pray earnestly for divine guidance and then tell us whatever may be in your heart. We have near a hundred Surgeons, Special lists and Physicians on our staff. We deemed it fit and proper to make up our staff of Baptists and Protestants. At a banquet given Physicians and Surgeons last evening in the chapel, the methods for enlarging the work in the near future were enthusiastically endorsed, great stress and emphasis being given to our purposes of establishing a home for the treatment of consumptives away from and separate from this building.

Earnestly soliciting your sympathy and co-operation, we are yours for Christ and suffering humanity,

W. H. MAYFIELD.  
A. F. BAKER.  
912 Taylor Avenue.

Feb. 20, 1897.

Specimen literature of the Mayfield Sanitarium.

### FACULTY OF THE MISSOURI MEDICAL COLLEGE.

Who are the members of the faculty of the Missouri Medical College? Here is the list as found in the fourth edition of Polk's Medical Directory:

#### PROFESSORS.

P. GERVAIS ROBINSON, M.D., L.L.D., Professor of Practice of Medicine, Clinical Medicine and Hygiene, and Dean of the Faculty.

J. K. BAUDUY, M.D., L.L.D., Professor of Psychological Medicine and Diseases of the Nervous System, and Medical Jurisprudence.

CHAS. E. MICHEL, M.D., Professor of Ophthalmology.

H. TUHOLSKE, M.D., Professor of Clinical Surgery and Surgical Pathology.

T. F. PREWITT, M.D., Professor of Principles and Practice of Surgery and Clinical Surgery.

FRANCIS HEMM, Ph.G., Professor of Chemistry and Director of the Chemical Laboratory.

JUSTIN STEER, Ph.B., M.D., Professor of Materia Medica, Therapeutics and Clinical Medicine.

W. A. HARDAWAY, A.M., M.D., Professor of Diseases of the Skin and Syphilis.

H. N. SPENCER, A.M., M.D., Professor of Diseases of the Ear, and Vice-Dean of the Faculty.

WM. C. GLASGOW, A.B., M.D., Professor of the Practice of Medicine, Diseases of the Chest, and Laryngology.

H. M. WHEPLEY, Ph.G., M.D., F.R.M.S., Professor of Physiology and Histology, and Director of the Histological Laboratory, and Secretary of the Faculty.

A. J. STEELE, M.D., Professor of Orthopedic Surgery, Treasurer and Registrar of the Faculty.

W. HUTSON FORD, A.M., M.D., Professor of Obstetrics and Gynecology.

A. V. L. BROKAW, M.D., Professor of General and Descriptive Anatomy and Demonstrator of Operative Surgery.

E. W. SAUNDERS, M.D., Professor of Pediatrics and Clinical Midwifery.

HON. SELDEN P. SPENCER, A.M., Ph.D., L.L.B., M.D., Professor of Legal Medicine.

#### CLINICAL PROFESSORS.

H. W. HERMANN, M.D., Clinical Professor of Diseases of the Nervous System and Electro-Therapeutics.

D. C. GAMBLE, M.D., Clinical Professor of Diseases of the Ear.

F. C. AMEISS, M.D., Clinical Professor of Gynecology.

#### ASSISTANT PROFESSORS.

W. S. BARKER, Ph.B., M.D., Assistant Professor of Diseases of Children and Clinical Midwifery, and Chief of Children's Clinic at the College Dispensary.

J. C. FALK, Ph.G., M.D., Assistant Professor of Materia Medica and Pharmacy.

## LECTURERS, DEMONSTRATORS AND INSTRUCTORS.

H. A. L. ROHLFING, Ph.G., M.D., Lecturer on Bacteriology and Pathology, Microscopist to the Faculty, and Curator of the Museum.

L. M. PERKINS, B.S., M.D., Lecturer on Minor Surgery and Bandaging.

HENRY S. BROOKES, Ph.G., M.D., Lecturer on Clinical Medicine, and Assistant in the Medical Clinic at St. John's Hospital.

HARTWELL N. LYON, M.D., Chief of the Dermatological Clinics.

H. N. CHAPMAN, M.D., Clinical Instructor in Midwifery.

To quote our esteemed cotemporary, the *Tri-State Medical Journal*, "What Are You Going to Do About It? This is the question some of the Big Wigs are asking. So far as the committee is concerned, the third report expresses its views and will be presented in our next issue. So far as the *Tri-State Medical Journal and Practitioner* has any influence, its power will be directed against the abuse of medical charity, both here and elsewhere; however, we will see to it that the local nest is cleared of filth before our efforts are directed elsewhere.

"We ask our country subscribers if it is right that they should send cases for treatment to doctors in this city who are known to foster the abuse of medical charity? Can you afford to send students to those colleges where the dispensary doctors habitually treat, free of charge or for a nominal fee, patients well able to pay? Can you afford to patronize a hospital which employs drummers to solicit patients? Are you willing to assist the ethical members of the St. Louis Medical Society in stopping an evil of enormous proportions, and which, if unchecked, will turn a profession into a mere trade?"

We have but little space at our disposal this issue, but we propose to follow the subject until something is done. In our next issue we will outline the methods proposed by the St. Louis Medical Society to put down this crying evil, and we are watching to see whether this advice will be taken. The body medical must be purged of this evil, and all decent medical journals are taking this stand. The writing is on the wall—the warning should be heeded.

## MISCELLANEOUS NOTES.

**An Elegant Souvenir.**—At the late Semi-Centennial Meeting of the American Medical Association the Charles Roome Parvule Co., of New York, presented each member with a handsome souvenir, in the form of a sterling silver match-box, polished, with the exception of a small scroll bearing in bright letters and a black background the single word "CAROID." It was a fitting receptacle for a right royal remedy, and everyone who was fortunate enough to obtain one of these souvenirs treasures it as one of the most pleasant features of the successful event in the annals of the association. The combination of the *utile cum dulce* was accomplished by filling each box with caroid tablets.

"The Record of Ferratin" and "Recent Clinical Record of Lactophenin" are two pamphlets recently issued by C. F. Boehringer and Soehne. They are particularly interesting to those who are desirous of obtaining definite information on the therapeutic properties of legitimate products. The clinical reports which are given are by able and recognized members of the profession, and have been published in the leading medical journals. This alone should prove sufficient to insure a careful reading; and those who do read these pamphlets carefully will be amply repaid for their time by the results they can obtain by adopting the methods recommended by the writers.

The Marion-Sims College of Medicine will commence its next regular session in September, and is better equipped than ever to give a thorough medical and dental education to its students. Additions have been made to its laboratory facilities, and the clinics are numerously attended, being both large and interesting. Students have an opportunity not only of seeing cases, but of examining them and treating them under proper supervision. We are informed that the college will deservedly have a very large class for the coming session.

**Hagee's Cordial of Cod-Liver Oil.**—Hagee's Cordial of Cod-Liver Oil Comp. may be prescribed irrespective of the condition of the digestive organs, or the season. It can be administered without difficulty and it has a decided advantage in being entirely devoid of any fishy or greasy flavor and so is readily taken by the most sensitive patient. The Katharmon Chemical Co., St. Louis, Mo., will send free of cost, to any physician who will pay the express charges, a full 16 ounce bottle for test purposes.

**It Quiets Pain, and Promotes It.**—Rather a paradoxical statement; true, nevertheless. When pain is useless, then antikamnia quiets it; when it is necessary, the same remedy increases it. This refers to the use of Antikamnia in the pains of labor and as a promoter of labor pains.

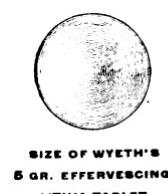
R. C. Reemsnyder, A.M., M.D., of Philadelphia, in a recent article says that whenever there is unnecessary pain in labor he administers ten grains of antikamnia, repeated in two hours, if necessary. In this way the pain which annoys the woman without helping her is relieved, while the uterine contractions become more firm and labor is accelerated.

Dr. R. B. McCall, Hamersville, Ohio, contributes an article to the *Woman's Medical Journal* on this same subject. He says: "In cases marked by unusual suffering, in second stage, pains of nagging sort, frequent or separated by prolonged intervals, accompanied by nervous rigors and mental forebodings, one or two doses, five grains each, of antikamnia tablets, promptly change all this. Indeed in any case of labor small doses are helpful, confirming efforts of nature and shortening duration of process."

**Celerina in Nervous Diseases.**—W. Irving Hyslop, M.D., 4408 Chestnut St., West Philadelphia, Pa., says: "I have used Celerina quite largely both in private and hospital practice, and with gratifying results. It is void of repugnant taste and is readily retained by the stomach. My experience with Celerina has been confined chiefly to its use in nervous diseases, particularly loss of nerve power, and the opium habit, in which conditions it has served me well, and I shall continue to prescribe it both in private and hospital practice."

**Campho-Phenique in Broncho-Pneumonia.**—THE PHENIQUE CHEMICAL CO., St. Louis, Mo. Dear Sirs: About Jan. 7th, 1895, I was called to see a patient suffering from an attack of broncho-pneumonia as a consequence of "la grippe." The subjective symptom of which the patient mostly desired relief was the distressing and painful cough, pain being especially severe down the center of left lung. Aside from some of the usual internal remedies in such cases, I ordered an application of Campho-Phenique (pure) to be applied over the affected area, to be covered with hot flannel; and to the great satisfaction of both patient and myself, he experienced almost perfect relief within an hour.

W. E. BARTLETT, M.D., Belle Plaine, Kas.



**Effervescent Lithia Tablets.**—Combine the convenience of an article with a highly meritorious character, and we have the most forcible recommendation. Where, instead of bulky bottles of Lithia Water, there can be substituted a portable, compact tablet—a concentration of material—accurate, uniform and unchanging—each of which tablets represents the active constituents of a large volume of ordinary spring water, and there can be an instantaneous conversion of fresh water into a cooling, effervescent, grateful and medicinal drink by merely dropping a tablet into the glass, we certainly have that which appeals to reason and commends itself to sense. Physicians greatly appreciate this, and show their favor by adopting in the demands of daily practice the use of these Effervescent Lithia Tablets, giving an expressed preference in prescribing to the products of the Messrs. John Wyeth & Brother, Chemists of Philadelphia, whose art and skill in the science of preparing medicines has gained for them so highly complimentary a reputation.

# THE ST. LOUIS Medical and Surgical Journal.

Whole No. 681.

VOLUME LXXXIII.—SEPTEMBER, 1897.—No. 3.

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## ORIGINAL COMMUNICATIONS.

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### RESORCIN IN DERMOTHERAPY, HISTOLOGICAL RESEARCHES UPON ITS ACTION ON THE HEALTHY SKIN.

BY JAMES C. KELLOGG, M.D., NEW ORLEANS, LA.

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Germany.

Resorcin, which was discovered in 1863 by Hlasiwatz and Barth, of Vienna, as a decomposition product of different resins derived from umbellifera by melting them with potash, was produced later in 1868 synthetically from metaiodinphenol and potash by Körner.

Resorcin belongs to the phenol group and has the formula  $C_6H_6O_2=C_4H_4(OH)_2$  (metadioxybenzol), is isomeric with two other members of this group, pyrocatechin and hydroquinone, and, like these, may be converted into phenol by substituting an atom of hydroxyl for one of water. It is easily soluble in water, alcohol, and ether, melts at 99°C., sublimes at 100°C., and at 271° it subsides and forms colorless plates or prisms.

The introduction and use of resorcin in medical practice first occurred ten years after its discovery through Andeer, who firmly established its properties by means of physiological and therapeutic experiments, and recommended it most warmly as a thera-

peutic agent. It was employed often as an internal medicine and in surgery, but was, after a time, abandoned on account of its secondary toxic effects and its incapacity, especially as an anti-septic, rival other means belonging to this class. It was only later, and again through Andeer, that it took an important position in dermotherapy; in this it was first employed by him in powder form as a caustic in tuberculosis and syphilitic ulcers, externally as a cauterizing crystal or in ointment form in hard and soft chancre, in acute infectious diseases, fissures, burns of different degree, traumatisms with loss of skin, as it led to healing rapidly and without the formation of scars. Périer recommended it in solution for varicose and scrofulous ulcers. Nussbaum, Ihle, Rubino and Demmes employed resorcin in skin therapeutics with good success, for example, in small-pox, sycosis, alopecia, keloid, epithelioma, trichophytosis, and eczema. About at the same time Unna made investigations and experiments in order to study and establish the exact action of this remedy upon the skin. Basing himself upon this research and similar ones on a number of other remedies, he established his group of *reducing agents* to which resorcin also belongs. He called these reducing agents because they presented as one of their chief actions the withdrawal of acid, thus a reducing action. At first in his work on Dermatoplasia and Keratoplasia\* he demonstrated the great importance of this class of remedies, of which he had already long before investigated single ones pharmacologically, as well as how practical they were in actual use. I will take the liberty at this juncture to quote from his most excellent and epoch-making work†, "Ichthyol und Resorcin als Repräsentanten der Gruppe reduzierender Heilmittel":

"This withdrawal of acid has been long since, among some agents, such as sulphuric acid, pyrogallol, chrysarobin, sugar, a chemical fact which cannot be shaken. With other agents of the same class the exact determination is yet wanting, although there is no doubt considering the clinical results that these are similar and even very powerful reducing agents in our hands, as the ichthyol salts and resorcin. The action upon application to the external skin is to be examined in all these remedies from three categories: first the action on the unbroken skin, secondly

\* Berl. Klin. Wochenschr., 1883, No. 35.

† Dermat. Studien., II Heft.

on the abraded skin, and finally on the growing parasites in the skin."

In the same work Unna says more especially in reference to resorcin:

"To characterize its position in general terms, we have learned to know it as a reducing agent which, for intensity in action, occupies a middle position between sulphur and ichthyol, on the one hand, and pyrogallol and chrysarobin on the other. Above all it has certain negative advantages over the mass of harmful side effects, and for this reason is particularly adapted to the ambulant treatment of a number of stubborn skin troubles, especially about the face."

In view of the fact that I had the opportunity, for quite a length of time, of observing the use of resorcin in Unna's private clinic, it will not be out of place, before describing my histological researches on resorcin, to point out those skin diseases in which resorcin is employed by Unna, and then to describe briefly the different forms and methods of use.

It is employed in the different parakeratoses, seborrhea sina of the head and seborrhieic eczema, psoriasis, itching eczemas, eczema psoriatiforme, sycosis, scars, erysipelas, epithelioma, acne vulgaris, alopecia pityrodes, and finally in the flaying treatment (Schälkur, méthode d'écorchement), which merits especial mention on account of its prominent rôle in cosmetics.

So far as the form and method of use of resorcin is concerned, it is employed in weak and strong doses. In the former where it is desirable to have a rapid cornification of the epithelial cells to promote the formation of a heavy layer, the latter to bring about a separation and softening of the upper skin; so the weak dose is given in diseases which have brought on a softening and disappearance of the horny layer, and the strong dose where the disease changes of the upper part of the skin consist in hyperplastic thickenings. Whether weak or strong doses are used care must be taken that the use is not pushed too far in order, on the one hand, not to push the desired new growth of a deficient horny layer to excessive dryness, brittleness, and fissuring; on the other hand, after removal of the hyperplastic thickening of the upper skin, to avoid edema, the formation of bullæ and purulent inflammation of the papillæ.

As forms for the use of resorcin the following are employed:

ointments, simple or compounded with ichthyol, zinc oxide, salicylic acid (ung. resorcini co.) powders, pastes, alcoholic solutions, wet bandages—the last as a Priessnitz dressing with wetting of the dressing by means of a 1 to 2 per cent. aqueous solution of resorcin, which is especially valuable in weeping eczema of the head in children, as it is especially in eczema of the different parts of the body. Further, as salve mulls and plaster mulls, the last more especially where an impermeable dressing is desired at the same time. As a last form I desire to mention the so-called flaying paste (Schälpaste) which has become so essential in the treatment of defects of the complexion. It is composed of equal parts of pasta, zinci, and resorcin. To increase the action of the resorcin and hasten the separation of the horny layer some salicylic acid (1-5 per cent.) may be added. The paste is rubbed in every day; generally, four are enough in order to produce a peeling off. Directly the skin begins to peel zinc "leim" or zinc salve mull is applied. In this manner a number of desquamations may be brought on, one after the other.

In addition to his clinical investigations on the reducing agents, Unna laid histological researches to his pupils to work up. Frickenhaus\* worked on carbolic acid, Buck† on pyrogallol, and Hodara‡ on salicylic acid. The results of these three works agree in general with the pathological conclusions deduced by Unna previously from the clinical facts. Unna had described the pathological changes caused by the absorption of different reducing agents as follows:

"The weak application shows itself in a change of the horny layer. This becomes thicker, more compact and harder. Whilst the cornification dips down unusually fast, many rows of uncornified prickle-cells are brought to the normal horny layer and most probably are transferred to the same mass through a new growth of the lowest prickle-cell layer. If weak doses of the reducing agent work proportionately for a longer time, it will terminate in a peeling off of the horny layer in an upper, more or less

\* Frickenhaus, Histologische Untersuchungen ueber die Einwirkung des Acidum carbolicum liquefactum auf die gesunde Haut. Monatsh. f. prakt. Dermat., XXII. Band, 1896.

† Buck, Histologie der Handkantzündung durch Pyrogallolin—Wirkung. Monatsh. f. Prakt. Dermat., Band XXI. 1895.

‡ Hodara, Histologische Untersuchungen ueber die Einwirkung der Salicylsäure auf die gesunde Haut. Monatsh. f. Prakt. Dermat., XXIII. Band, 1896.

dark, dead part, which the shrunken, shriveled horny layer demonstrates as the original, and a lower, light-colored, which under the influence of the remedy has been formed from the prickle layer in the meantime. The separation between the two is usually easily determined and the old paper-like layer can be separated easily in its entire continuity. Intimately connected with the above manifestation is another which up to the present has not been brought in connection with the changes in the upper part of the skin, that is, pustulation. The occurrence of pustules and especially folliculitides of the skin has been up to this time erroneously attributed to perifollicular suppuration. This latter is certainly necessary thereto. But an abnormal closing of the openings of the follicles with horny layers appertains to the appearance of pustulation. . . . If the reducing agent in weak doses acts deeply, we find an influence on the blood-vessels which we will briefly indicate as a 'diminishing' one. . . .

"The strong action of one medium on the prepared horny layer alone is not different from that of the weak. Certainly a much more rapid action occurs in the former, leading to a thickening, condensation and drying of the horny layer similar to a parchment, and with the latter the action continues. So far as the horny layer alone is concerned, the result from weak and strong action is the same."

From intense action other occurrences take place which Unna describes as "purulent softening of the papillæ and prickle layer on the one hand and an apparent inadequate firmness of the overlying horny layer on the other."

A further effect of strong doses of the reducing agent Unna describes as, "A marked softening of the collagenous scaffolding of the cutis."

In order to make the chain of the histological action of reducing agents upon the healthy skin more complete it seemed to me to be interesting to investigate histologically the action of resorcin on the healthy skin.

For this purpose I used reliable material for a skin subjected to resorcin. I treated with various resorcin preparations the skin of a rabbit's ear, of a guinea pig's ear, and the skin of the flexor surface of my own forearm. As my principal object for examination I utilized the rabbit's ear, on which I applied resorcin in different strengths in the form of alcoholic and ethereal solu-

tions, collodion varnish and plaster-mull. As this demonstrated that alcoholic solution and plaster-mull act most energetically, I employed plaster-mull on the guinea pig's and my own skin. The following are the exact data of my experiments:

I. Experiment.—The inner surface of a rabbit's ear was shaved smooth, cleansed and within two days was rubbed twice daily by means of a pledget of cotton, with a 50 per cent. alcoholic solution of resorcin. After 48 hours the part of the skin so treated was excised.

Macroscopically a very slight darkening of the horny layer was apparent. Swelling and redness were not present. The excised piece of skin was embedded in celloidin and sectioned after ordinary hardening in alcohol.

Stains: 1, hematoxylin, bleaching with 1 per cent. muriatic acid-alcohol solution; 2, polychrome-methyl-blue solution, bleaching with glycerine-ether mixture; 3, carbol-fuchsin, bleaching with carmine-orange solution; 4, acid fuchsin-picrin stain; 5, polychrome-methyl-blue solution—neutral orcein solution; 6, polychrome-methyl-blue solution—concentrated tannin-anilin solution; 7, acid orcein—polychrome-methyl-blue-tannin orange solution; 8, Von Giesen; 9, polychrome-methyl-blue solution—anilin alum solution.

II. Experiment.—Upon the smooth-shaven and cleaned inner surface of the ear of a rabbit a 50 per cent. alcoholic solution of resorcin was rubbed in once a day for two weeks.

Macroscopically the least coloration of the horny layer was perceptible. No swelling and no reddening. After two weeks the skin which had been rubbed was excised, hardened in alcohol, embedded in celloidin and sectioned. Staining of sections as in Experiment 1.

III. Experiment.—Upon the inner surface of the skin of a rabbit, prepared as above, a 20 per cent. solution of resorcin in collodion was painted on twice daily within two days.

Macroscopically there was a slight darkening of the horny layer. Absence of swelling or redness. The treated skin was excised after 48 hours, hardened in alcohol, embedded in celloidin and the section stained as above.

IV. Experiment.—Upon the prepared (as given above) surface of a rabbit's ear a 5 per cent. solution of resorcin in ether was applied once daily for three days. Macroscopically it showed a

darkish staining of the horny layer scarcely deserving of mention, without swelling or redness.

After three days the skin so treated was excised, hardened in alcohol, embedded in celloidin and sectioned. Same staining as above.

V. Experiment.—A piece of resorcin plaster-mull (20.0 grams) was laid upon the inner surface of the skin of a rabbit's ear, previously prepared as above, for three weeks. During that time it was often examined to see that the plaster-mull was well attached. In three weeks the plaster-mull was taken off. Macroscopically there was a marked darkening of the horny layer. Swelling and redness were not present. After three weeks the treated skin was excised, hardened in alcohol and sectioned. Staining as above.

VI. Experiment.—Upon the smooth-shaved and cleansed inner surface of the ear of a guinea pig a piece of resorcin plaster-mull (20.0) was laid for a week. During that time it was often examined daily to see that it was firmly attached. After seven days the piece of plaster-mull was removed, when a dark staining without swelling or redness was observed. After seven days the treated skin was excised, hardened in alcohol, embedded in celloidin and sectioned. The stains indicated above were employed.

VII. Experiment.—An application of resorcin plaster-mull (20.0) for four days upon the smooth shaven and ether washed skin of the flexor surface of my left forearm was made.

After four days the plaster-mull was taken off, and then macroscopically a slight darkening of the horny layer without swelling or redness showed itself. Excision of the treated skin under chloride of ethyl anesthesia. Hardening in alcohol, embedding in celloidin and staining as above.

VIII. Experiment.—An eight-day application of resorcin plaster-mull (20.0) on a smooth-shaven and ether-washed part of the skin of the flexor-surface of my left arm. After eight days the plaster-mull was taken off. Macroscopically a moderate darkening of the horny layer without swelling or redness showed itself. The portion of the skin treated in this manner was excised under chloride of ethyl anesthesia, hardened in alcohol, embedded in celloidin and sectioned. Staining as above.

The histological findings of these eight cases of artificial

resorcinisation of the skin are so simple and similar that we will be able to review them together.

The simplicity is principally evident from the fact that the pathological process brought about by resorcin is limited to the small area of the upper skin and papillæ. It is but seldom that the least emigration of leucocytes will take place to the more deeply lying vessels of the skin. On the other hand the original cutis with its connective tissue cells remains exempt after resorcionation. The blood and lymphatic vessels are not enlarged above the normal, the connective tissue is not edematous and the cells do not exhibit those hypertrophic changes which are observed in strong aspect in pyrogallol dermatitis and more slightly in salicylic acid dermititis. In addition a coagulating, and stasis and thrombosis producing action on the contents of the blood-vessels, such as characterizes the action of carbolic acid, does not occur in resorcionation.

It follows from this that the appearance of bullæ with marked reddening now and then observed in human beings is not a regular consequence of the use of resorcin and only shows a peculiar idiosyncrasy against the drug.

So much more important are all the visible changes in the upper skin in all successful preparations. These do not go beyond the limits of those appearances which we admit of the remaining phenols (carbolic acid, salicylic acid, pyrogallol) on the upper skin, but they occur in this case in a clearer manner, without the complications which the use of the latter bring about.

In general terms, we can distinguish three different degrees of the action of resorcin on the upper skin.

The lightest degree was attained by applying three times resorcin ether (50 per cent.) on the rabbit's ear (Case IV.) and resorcin plaster-mull on the ear of the guinea pig (Case VI.). Only a perceptible thickening of the horny layer occurred; this did not peel off or split into different layers. The forcing of the resorcin in the deeper parts made itself felt only by a disappearance of the granular layer at various points. In the guinea pig, which normally possesses a very thick granular layer, this remains unaltered and is only pressed downwards for a few layers whilst the prickle layer is thinned for just as many cell-layers. Otherwise the prickle layer is unchanged. No trace of any emigration of leucocytes can be found in the cutis.

A medium degree of resorcination was obtained by me by applying twice a 50 per cent. alcohol resorcin (Case I.), also from 20 per cent. resorcin collodion (Case III.), and from resorcin plaster-mull (20) upon the rabbit's ear (Case V.), and from resorcin plaster-mull (20) upon the human skin (Case VII.).

In all these cases the condition does not remain at a thickening of the horny layer, but the latter desquamates its different thick layer, which is, of course, necessitated by a greater dryness and brittleness. More important, however, is the appearance of a new layer underneath the old resorcinated skin layer, which has the same, or a larger, to double the breadth. In mere cell-staining, *i.e.*, in hematoxylin preparations, this layer gives the impression of an ordinary horny layer in which only the rod-form cells have remained retained. Closer examination, and in addition, as the lapping of this layer over the adjacent portions of non-resorcinated skin, catches the eye, it may be observed that the condition is concerned with a markedly altered former granular and prickle layer. The apparent similarity of this to the horny layer depends upon the fact that the keratoyalin nuclei which are otherwise strongly stained by hematoxylin have become unstainable, or have entirely disappeared, and simultaneously the cells and their nuclei have become strongly flattened. There are always numerous indications that this resorcinated cell layer is not entirely identical with a horny layer. The chief difference naturally lies in the retention of nuclei; so that the new layer under hematoxylin staining appears a light greyish-blue tint, whilst the true and healthy horny layer in the vicinity, and the resorcinated horny layer, are entirely bleached. Still more plain is the great chemical difference between the resorcinated prickle layer and horny layer brought out by the acid-fuchsin-picrin method. In this case the healthy and resorcinated horny layers are stained deep red, whilst the resorcinated prickle layer, as well as the healthy prickle layer in the vicinity, is stained a clear yellow.

This resorcinated prickle layer shows the effort made by the remaining healthy prickle layer which has remained, whilst it ordinarily remains in combination with the resorcinated horny layer. Through this there enter between these and the healthy prickle layers clefts which widen, either *in vivo* or during the preparation, so frequently that one believes at first in a bullous

formation. But the clefts and hollows which are present contain no exudate, at all event no fluid, coagulable through hardening methods, albuminous liquids. Nevertheless they show on the edges, and chiefly on the lower surface of the raised layer, a smaller or greater number of wandering cells, which, at times (Case V.), in their progress through the remaining healthy prickle cell and in their exit will be surprised in the commodious blood capillaries. Their number is always so unimportant that an exudation cannot be spoken of; the separation of the resorcinated horny layer takes place in a dry manner. One often remains in doubt whether the matter concerns the few polynuclear leucocytes principally and not more the fragments of epithelial nuclei. Nevertheless I established the most certain that a certain number of leucocytes are released by the upper skin which is loosening. This often lies edgewise in a section so that the under side of a surface can be seen, and there can be seen throughout an entire net of long-drawn-out leucocytes, under which endeavor to obtrude itself at this point of the net of epithelial juice clefts. Crumbled epithelial nuclei could not present these well known, determinate figures. The majority of the leucocytes showed themselves beneath the resorcin scales produced in man (Case VII.).

In the medium degree of resorcination there is observed in the prickle layer, in the part not raised up, single mitoses in the basal prickle cells, consequently the inclination to deliver a substitute for the accidental loss of the upper skin. The upper skin of the guinea pig, which is very rich in cells, presents the greatest number of mitoses (Case VI.).

The third and highest degree of resorcin action is represented in my cases II. and VIII. In the former the rabbit's ear was subjected to a 50 per cent. alcohol resorcin daily for fourteen days; in the latter the human skin was acted upon eight days by resorcin plaster-mull. In these cases the raising up of the resorcinated upper skin was accomplished. The prickle layer, which remained healthy in spite of the prolonged action of the resorcin, did not become necrotic to the greatest depth, and, above all, not even to the level of the papillæ; but, on the contrary, protected itself completely from the onslaughts of the resorcin by the growth of a new horny and cellular layer. Through this it became independent of the progressive action of the resorcin,

and at the same time formed a shield against further medicinal encroachment.

In these cases of completed resorcin desquamation may be seen, three homogenous layers lying over one another—at the top the old resorcinated upper layer, next the old resorcinated cell and leucocyte-carrying prickle layer, and at the bottom the normally built new horny layer.

In this state many mitoses are found in the upper skin under the resorcin layer. Some capillaries of the cutis still filled with leucocytes appear and distribute themselves separately to the upper skin.

Let us look over in general the histological pictures which have been sketched here, and we will find as the most marked result that resorcin, even when strongly used upon animal and human skin, has but a slightly deep action, but instead of this a very regular necrotic action on the surface. This reaches, in all cases, over the horny layer and through it, and changes the granular layer, and the upper portion of the prickle layer, in a horny layer-like, but still different from a true horny layer, homogeneous membrane.

The second equally very strong point, in a practical view, is the circumstance that even in prolonged action of resorcin the necrotic process ceases spontaneously, and—similarly to carbolic acid—the upper skin sets limits to this itself, and produces pretty rapidly on its upper surface a normal horny and cellular layer. This property of resorcin, namely to aid cornification, has been known to us clinically for a long time; perhaps this is connected with the reducing property of resorcin.

The third, in a negative sense, peculiarity which separates the action of resorcin from that of other agents, and by which it is principally distinguished from the action of pyrogallol, is the remarkable indifference of all the various components of the skin to resorcination. In the cutis, and especially the blood-vessels, resorcin is manifestly a weak acting agent.

These three peculiarities of resorcination, the small and even deep action, the self-regulation of the upper skin against the resorcin corrosion, and the evident small inflammatory participation of the cutis, make, as everyone must see, in their combination resorcin the ideal desquamating agent for the skin which combines great certainty with a very pleasant mildness of action.

On this account it is very easy to understand that resorcin has won a permanent place for itself where it is of importance to substitute rapidly and in the most harmless manner a young and healthy upper skin for one pathologically affected. For this reason it is indicated in strong doses in dry eczemas, especially of the face, in *veneris vulgaris*, psoriasis, epithelioma, and scars. In these it is employed alone or strengthened with salicylic acid in the form of 10-50 per cent. zinc paste.

But in addition, without bringing about a rapid desquamation, resorcin acts through its single necrosing effect, which has the peculiarity of not calling forth simultaneously exudative inflammation, in a very satisfactory manner on the same pathological processes in weak doses.

Only the upper horny lamellæ are then separated, whilst a light, new growth of epithelium is brought on. As is evident, the use in broken doses, *i.e.*, as a 1-2-5 per cent. addition to anti-eczematous remedies, is very useful and in general well liked. In this use in broken doses, especially in seborrheic eczema of the face, seborrhea, alopecia pityrodes, and rosacea, we are confronted with the pleasant fact that resorcin is colorless and odorless.

Whether the continued use of this remedy in parasitic affections can lay claims to a specific antiparasitic action of resorcin which can act in infection carriers, must be determined by a series of original investigations in which these vegetable parasites will be brought in contact with resorcin in their cultures. In such an event a result of this kind is very probable, because resorcin belongs to the phenol-like bodies. But it is certain that the exfoliating, desquamating action of resorcin is of itself sufficient to eliminate, in a mechanical way, a large number of skin parasites. At all events this eliminative peculiarity of resorcin on the upper skin must be taken into consideration in investigations regarding its action in parasites.

#### EXPLANATION OF PLATE.

- Fig. 1. Rabbit skin, treated twice with 50 per cent. alcohol resorcin,  
          × 100.
- a. Resorcinated horny layer, underneath the nuclei-containing, resorcinated prickle layer.
  - b. Broken up leucocyte nuclei on the under side of the raised prickle layer.
  - c. Migrated leucocyte.
  - d. Mitosis of a hair bulb.

Fig. 1.



Fig. 2.

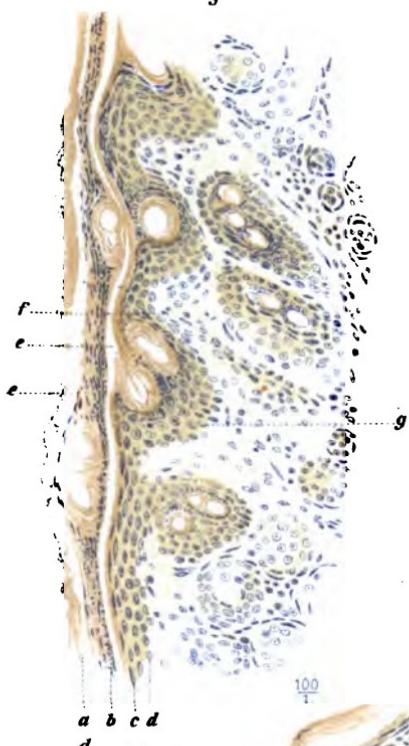


Fig. 3.



Fig. 4.

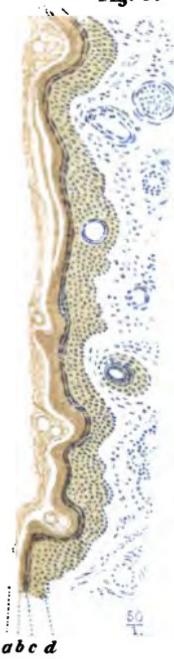


Fig. 5.

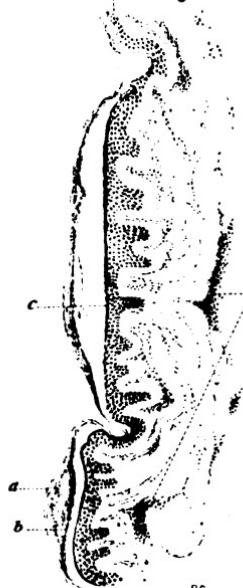


Fig. 6.

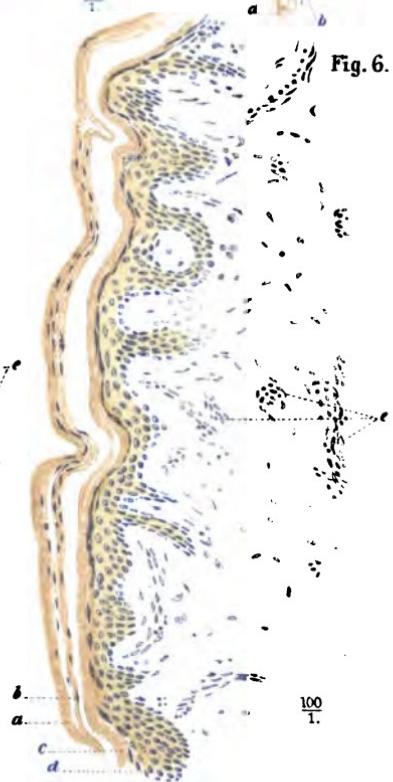




Fig. 2. Rabbit skin, treated fourteen times with a 5 per cent. alcohol resorcin,  $\times 100$ .

- a. Resorcinated horny layer.
- b. Resorcinated prickle layer, infiltrated with leucocytes.
- c. Horny layer and granular layer, newly formed over the remaining prickle layer.
- d. Remaining prickle layer.
- e. Clefts caused by the elevated horny and prickle layer.
- f. Migrating leucocytes.
- g. Mitoses.

Fig. 3. Rabbit skin, treated twice with 20 per cent. resorcincollodion,  $\times 25$ .

- a. Resorcinated horny and prickle layer, with leucocyte nuclei on under surface.
- b. Remaining prickle layer.

Fig. 4. Guinea pig skin, treated seven days with resorcin plaster-mull,  $\times 50$ .

- a. Resorcinated horny layer.
- b. Thereunder new-built horny layer.
- c. Thickened granular layer.
- d. Reduced mitosis prickle layer.

Fig. 5. Human skin, treated four days with resorcin plaster-mull,  $\times 20$ .

- a. Resorcinated horny layer.
- b. Resorcinated prickle layer, changed through exudation into a small crust holding leucocytes.
- c. New-formed horny and prickle layer which is still wanting on the left.
- d. Remaining prickle layer.
- e. Blood capillaries with a covering of leucocytes.

Fig. 6. Human skin, treated eight days with resorcin plaster-mull,  $\times 100$ .

- a. Resorcinated horny layer.
- b. Nucleus bearing resorcinated prickle layer.
- c. New formed horny and prickle layer over the remaining prickle layer with mitosis (d).
- e. Migrating leucocytes.

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Prof. E. H. Pratt will hold his eleventh annual class for didactic and clinical instruction in orificial surgery during the week beginning September 6, 1897. The class will assemble in the amphitheatre of the Chicago Homeopathic Medical College, at the corner of Wood and York streets, at 9 A. M.

The course of instruction will last during the week, occupying a four hours' daily session.

**OCCASIONAL PERISCOPE OF ANENATAL PATHOLOGY.**

BY J. W. BALLANTYNE, M.D., F.R.C.P.E., EDINBURGH.

**A Case of Complete Transposition of the Viscera.**—One of the most interesting of congenital anomalies is heterotaxy, the condition in which the thoracic and abdominal organs are situated as if seen in a mirror, the liver on the left side, the spleen on the right, etc. A case of this kind has been recently reported by Imerio Monteverdi (*La Pediatria*, V., p. 134, May, 1897). The patient was a girl, twelve years of age, with healthy parents; a brother, six years old, had a congenital hydrocele of the left testicle; another brother and a younger sister were normal. She was born at term, had a somewhat delayed dentition, and was, when seen by Monteverdi, markedly anaemic. She had not yet menstruated. There was asymmetry of the cranium, the left side showed a greater development than the right. The heart beat was on the right side, in the fourth intercostal space; the character of the respiratory sounds made it probable that the left bronchus was the larger of the two; and the thoracic measurements were greater on the left side. In the case of the abdomen, which was normal in size and form, there was evidence that the sigmoid flexure containing hardened faeces was in the right iliac fossa; the liver was on the left side and the spleen on the right; the oesophagus lay to the right of the spine as determined by auscultation during deglutition and the abdominal aorta was also to the right of the vertebral column; the position of the stomach as made out by Frerich's method of gaseous distention was in the right hypochondrium, and the greater curvature was directed downwards and towards the right. It was not possible to ascertain if there was likewise transposition of the great vessels at the root of the neck. The noteworthy features of the case were: the complete nature of the inversion of the viscera; the absence of a hereditary history of left-handedness, of mirror-writing, and of any disturbance in the functions of the heart, lungs, and digestive apparatus; the presence of cranial asymmetry; and the greater development of the left side of the thorax without left-handedness.

**The Position of the Uterus in a Case of Complete Transposition of the Viscera.**—In connection with the subject of transposition of the viscera, Karl Bodon's paper throws a new

light (*Centr.abl. f. Gynäkologie*, No. 20, 1897). He had the opportunity of ascertaining the lie of the uterus in a 22 year old II-para with visceral transposition, both in pregnancy and labor. In ordinary circumstances the fundus of the uterus deviates to the right side at the end of pregnancy and is rotated so that its anterior surface looks towards the right as well as to the front. In the present case the fundus uteri lay to the left side of the middle line and was rotated so that the anterior surface faced towards the left side as well as to the front, the right upper angle of the uterus lying in front of the left. The author connects this change in the position of the uterus with the presence of the sigmoid flexure in the right iliac fossa and with the altered relationship of the mesentery. The child, which did not show any visceral anomaly, presented by the head in the R. O. P. position, a circumstance which may reasonably be associated with the altered position of the uterus. The great interest of the observation is the demonstration of the complete character of the transposition of the organs. It may be mentioned that the woman was not left-handed and slept usually on the right side.

**Typhoid Fever in the Fetus.**—Chambrelent (*Journal de Méd. de Bordeaux*, Nos. 21 and 22, 1897) reports the case of a woman suffering from typhoid fever who was on the fifth day of the fever delivered of a living female fetus at the eighth month of intra-uterine life. The blood of the mother gave the characteristic Widal reaction, so did that of the prematurely-born infant. From the course of the symptoms in the child Chambrelent concluded that it had been infected *in utero*, but that the infection had been attenuated, or that the foetus was better able to react against the infection than was the mother. The author summarises the literature relating to fetal typhoid and its peculiarities. He finds that when a pregnant woman is attacked by typhoid fever the infection may kill the foetus, which is expelled dead; in other cases the fetus may survive, and may be born with more or less marked symptoms, such as icterus, catarrhal pneumonia, loss in body weight, etc. It is also possible that obscure mental conditions may find their explanation in this way; and Chambrelent refers to Corbin's case (1890), in which a girl twelve years of age had a difficulty in pronouncing certain words which, in the absence of heredity or any other cause, was as-

cribed to the fact that her mother had typhoid fever at the time of the girl's birth. In yet other cases the infant of a woman infected with typhoid may suffer in no way at all. In connection with the above paper allusion may be made to a case reported by J. P. Crozer Griffiths (*Med. News*, No. 20, May 15, 1897), in which a woman at third week of an attack of typhoid fever was delivered at term of a fully-developed infant, which, save for slight jaundice, was healthy, and continued to be so. Nevertheless, blood taken from the child at the age of seven weeks gave Widal's typhoid reaction. Griffiths supposes that the foetus may have had typhoid fever *in utero*, and have recovered after a very short attack. He admits that the agglutinating principle may, on the other hand, have passed through the placenta from mother to fetus without the latter contracting the disease at all; but he favors the former hypothesis. It is very evident that we are only just beginning to realize the far-reaching effects of exanthemata occurring during pregnancy.

**An Infant with Numerous Anomalies.**—One of the most marked of the phenomena of antenatal pathology is the association of several malformations in the same subject. A striking example of this was recently given in a lecture by L. Marchese, professor of anatomy in the University of Catania. In a reprint of the lecture, entitled "Bampina presentante numerose anomalie," the details of the case are given. The infant, a female, was the offspring of healthy and well-formed parents. Marchese records, but lays no stress upon the fact, that the mother suffered from malaria in her pregnancy. The child showed double hare-lip, a cleft palate, and a supernumerary digit on each hand; whilst dissection revealed the persistence of the system of cardinal veins, fusion of the two kidneys into a horse-shoe mass, absence of the right umbilical artery, persistence of the separate Müllerian ducts, and the termination of the abdominal aorta in a single trunk, from which the common iliac arteries arose as branches. These anomalies are regarded by the author as instances of atavism. He blames the maternal malaria for the death of the infant, but he does not seem to have thought that in it may have lain the cause of the infantile malformations. Such a view is, however, quite in keeping with modern theories of teratogenesis.

**Hydramnios Caused by a Renal Sarcoma in the Fetus.**—Brindeau and Georghin (*Revue Obstét. Internat.*, June 21st, 1897) recently reported to the *Société obstétricale de France* a case in which a I-parous woman aged 33 years, began at the fifth month of pregnancy to suffer from an unusual degré of abdominal distension. The physical signs were those of hydramnios, and there was serious interference with respiration, and the pulse was 120. Pregnancy was artificially interrupted by rupturing the membranes. About seven litres of amniotic fluid escaped, and shortly afterwards the fetus was expelled. The placenta weighed 650 grammes, and was very thick, markedly œdematosus, and whitish in color. The fetus weighed 1,100 grammes; it had been dead some little time, and its abdomen was very large. On the left side was felt a tumor which seemed to be the spleen, but which further dissection showed was the left kidney, greatly increased in size by the presence in it of a large round-celled sarcoma. The authors explain the hydramnios by hindrance of the fetal circulation, as evidenced by the dilated condition of the sub-amniotic veins, the ductus Arantii, and the placental villi. They injected with fluid the umbilical vein under a comparatively low pressure, and were able to see the liquid filter rapidly through on the amniotic surface of the placenta. The renal sarcoma was, of course, the primary cause of the circulatory difficulty through compression of the umbilical vein. [Unfortunately this explanation of hydramnios, whilst feasible enough in this case, is quite insufficient in others.—J. W. B.]

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**Mississippi Valley Medical Association.**—Meeting at Louisville, Oct. 5, 6, 7, 8, 1897. The Executive Committee met recently at Louisville, in conjunction with the local Committee of Arrangements, the following being present: Drs. Stucky, Grant, Mathews, Love, Holloway and Reynolds. It was determined to make the coming meeting the largest and best in the history of the Association, and everything points to a fulfillment of this endeavor. The railroads will make a round-trip rate of one and a third fare, or probably one fare. The address on Surgery will be delivered by Dr. J. B. Murphy, Chicago; the address on Medicine by Dr. John V. Shoemaker, Philadelphia. Title of papers should be sent to Dr. H. W. Loeb, Secretary, St. Louis, Mo.

## CHRONIC MALARIAL TOXEMIA, ITS PREVALENCE IN NEW YORK CITY—CAUSES AND TREATMENT BY ALTERATIVES.

BY J. P. SHERIDAN, M.D., NEW YORK.

It is not my intention here to dwell upon the many manifestations presented in chronic malarial toxemia, nor to appeal to the evidence of medical statistics in proof of the great number of these cases prevalent in New York City. The numerous excavations necessary in the erection of buildings, the turning over of soil in cellars long hidden from sunlight, the blasting of rock, etc., etc., are prime factors in establishing conditions which develop the activity of a germ whose influence all physicians are sooner or later called upon to combat. We do not know positively when or in what form the pathogenic organisms exist outside of the body. We are equally uncertain as to their mode of entrance, most authorities looking on the respiratory organs as principally or exclusively concerned. Be this as it may, symptoms present themselves which do not yield to quinine, nor to Wurzburg's tincture, except that they are palliated, not cured, recurring again and again, and the same result being attained and a like exacerbation occurring to the individual upon a new exposure. No one can deny that quinine is a *sine qua non* in the treatment of malaria, when it is administered during the intermission or remission of an acute exacerbation, but it is in those types which belong to the chronic form, and especially the anemia present, which I wish to call attention to.

In the treatment of these conditions I have used Barclay's solution of bromide of gold and arsenic (arsenauro) with the most gratifying results. My attention has been repeatedly called to this solution and its companion, liquid bromide gold, arsenic and mercury (mercauro), but like most of my colleagues I did not realize their efficacy until I had put them to a crucial test. This I have done in a large number of cases, extending over a period of twelve months. At first I made the common error of discontinuing their use too soon. We must push them as we do iodide of potassium—to the point of toleration. In persons who could not take Fowler's solution these combinations as presented were readily borne, the irritant effect of the arsenic being overcome. It is well to administer these solutions largely diluted, giving

them in a half goblet of water if possible, and keeping the patient near the point of toleration for at least six weeks. Preference should be given to the mercurial combination in malarial anemia and malarial cachexia and splenic enlargement. In masked intermittents, or "malaria larvata," quinine is useless, but I have demonstrated to my satisfaction the value of liquid arsenii et auri bromide (arsenauro), I have recently used these solutions in other conditions requiring alteratives, and my results have been most satisfactory.

I particularly emphasize the point that these solutions must be continued for a reasonable length of time. In many cases improvement does not manifest itself promptly. Arsenauro and mercauro are in no wise palliatives. One bottle may apparently give no result. Palliatives never affect structures, but only functions. The organic changes remain just the same, no matter how long palliatives are administered. "This is according to the therapeutic law to which there are no exceptions, that any drug whose specific medicinal effects can be secured by one dose (or a few doses) cannot modify or affect a structural change." I refer to these principles of therapeutics here because I wish to emphasize my assertion that these solutions are not palliave, but curative.—*Times and Register*.

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**Kocher's Record.**—Professor Kocher, of Berne, has the most remarkable record of the world's history in the extirpation of goitre. In a late summary of his work he said that during the past ten years, in which he has performed the operation on nine hundred patients, he has met but one case in which cachexia strumipriva developed. This was entirely owing to the fact that he always leaves a small part of the thyroid gland, which is sufficient to carry on the functions of that organ. In the single case in which the cachexia developed, the extirpation was unilateral, but after the operation it was found that the other side was atrophied; the patient recovered through thyroid feeding. In speaking of the mortality in his operations, Kocher says that he deducts thirty cases of malignant goitres in which unusual and peculiar difficulties militated against success. Of the remaining 870, eleven died, but in six only was death the direct result of the operation, and these three were operated on for Graves' disease. The extirpation of the goitre in the latter disease he regards as dangerous. For the latter he prefers to ligate the thyroid arteries, but never more than three of them.—*Gillard's Medical Journal*.

**NO MORE BALD HEADS—THE MICROBE OF ALOPECIA.**

TRANSLATED FROM THE FRENCH FOR THE JOURNAL BY  
PAUL FIQUET, ST. LOUIS.

Baldness is considered as being older than the times of Elijah. In fact, this unpleasant infirmity was known in the remotest antiquity. History has transmitted to us the names of several bald-pated celebrities, as for instance: Archimedes, the mathematician; Scipio Africanus, the conqueror of Hannibal; etc. We are aware that Hippocrates himself, with all his extensive knowledge, proved powerless to arrest the complete loss of his hair. We know equally well that the Egyptians were acquainted with the use of wigs, as several of these articles have been found amongst the ruins of Thebes.

At all times has baldness played havoc on human crania, sparing no one on account of wealth or station, assailing kings as readily as the humblest of their subjects. One king of France was even indebted to it for his nickname—Charles the Bald—the same king to whom a poet, from the heights of Montmartre, consecrated the following amusing jingle:

“Sous ce roi qui n'eut pas de chance,  
Des Normands qu'il payait dévastèrent la France,  
Et dans son désespoir affreux,  
Il ne put même pas s'arracher les cheveux.”

(During the reign of this unlucky king, the Nordmen, whom he had bribed, persisted in devastating France, and in the midst of his fearful despair, he was not even able to tear out his hair.)

Therapeutics in the hands of the medical profession have, all along, been inadequate to cope with the mysterious disease of the scalp which has ever subjected its victims to the jibes and quips, the banterings and epigrams of malicious wits. Quacks alone would promise to cure it, and to that end they sold drugs whose only effect was to remove the last hair that lingered in the pates of those gullible enough to make trial of the promised panacea.

Baldness was attributed to manifold causes. 'Tis but lately that an English statistician came out with the claim that music exerted overwhelming influence over the loss of hair, according to the instruments being string, wind, or brass ones? Most extraordinary and fantastical theories have been launched forth, every now and then, in various directions.

It behoved modern science to solve a problem which for centuries has engrossed the minds of a multitude of scientific men. Like bald Archimedes of yore, science can now exclaim: "Eureka! Eureka!" Indeed, the microbe of Alopecia has just been discovered by Doctor Sabouraud, chief of laboratory at the hospital St. Louis (in Paris), who has communicated the result of his observations and patient investigations to the Society of Dermatology.

Dr. Sabouraud declares that alopecia is a phenomenon consecutive to fatty or oily seborrhea, *i. e.*, to a superabundance of the liquid secreted by the sebaceous glands of the skin, similar as in scurf. To be convinced we need only to scrape the skin with a curette or a plate of glass. Having in this way obtained an oily exudation, easily crushed; if we dissolve the fatty parts by a washing with ether, then color the residue left on the glass slip with gentian-violet, and lastly decolorize the same by aid of Gram's iodo-ioduretted solution, the result of these manipulations will show myriads of a unique microbial species, which is a very thin bacillus whose sigmoid shape will sometime attain the length and size of tubercle bacilli.

Dr. Sabouraud, having inoculated with the microbe of fatty seborrhea, first a sheep, in treatment at the Pasteur Institute, and second a rabbit, brought them to the attention of the Society of Dermatology, whose members did not disguise their astonishment in noticing the curious alopecic condition of both animals.

This physician demonstrates at the same time that the localization of bacillar colonies in the skin is extremely peculiar and everywhere identical; that the shape of the microbe varies according to its age and seat; that it is smaller on the scalp than on the body or on the face, but that its structure always remains the same.

As there are several therapeutic agents known to be properly qualified to combat fatty seborrhea, we feel justified in entertaining the hope that soon will dawn the day when we will see no more bald-pated individuals, with the exception of those who are presently in that unenviable condition.

**ST. LOUIS****Medical and Surgical Journal.**

A. H. OHMANN-DUMESNIL, A.M., M.D.,  
Editor and Proprietor.

No. 5 SOUTH BROADWAY, ST. LOUIS, MO., U. S. A.

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VOL. LXXIII.

SEPTEMBER, 1897.

No. 3.  
Whole No. 681.

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**EDITORIAL.****THE ST. LOUIS MEDICAL LEAGUE.**

This is an organization which sprang into existence some time ago, and its aims and purports are, among other things, to do away with the free dispensary abuse in St. Louis, and endeavor to spread its influence so as to embrace not only St. Louis but the entire State within its membership. The president is Dr. R. M. Funkhauser, who is supported by a number of prominent medical practitioners who are desirous of enlisting the entire medical profession of the State in their cause. They are all gentlemen who are eminently ethical, and, like many others not connected with medical colleges, they are desirous of seeing misplaced charity corrected. They propose to appoint committees whose duty it shall be to see to it that free clinics are run for the deserving poor only. They also propose to obtain the co-operation of the better members of the profession, both in large cities and in the country, with the view of having the legislature pass such laws as shall be operative in the management of free clinics.

The medical league and the obtaining of its purposes is certainly a step in the right direction. There is no doubt, in our mind, that the step taken here will be followed in all the large cities in this country; and it certainly should be followed, as it seems to be the only feasible solution of a problem which has become one of burning interest to the profession.

We cannot see how any right-minded member of our profession could refuse to extend the right hand of fellowship to such a most desirable companionship, and we hope to see the numbers of the League increase, and its influence spread, until every medical man in the State shall be proud to acknowledge his allegiance to the society, and see the many medical abuses of which he has complained entirely disappear.

#### MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

This association, which is about to hold a meeting at Louisville, Ky., is one which should be certainly supported by Missouri's best medical talent. When it was the Tri-State Medical Society St. Louis contributed no little to its support, and the members from the western banks of the Mississippi were ever ready to lend a supporting hand. We still remember the meeting at Quincy with but a corporal's squad; and yet, by dint of work and enthusiasm, the association was made one only second to the American Medical Association. The medical men of the Mississippi Valley and its tributaries, which includes the whole United States, cannot afford to let the coming meeting be inferior to any which has taken place, and it is for this reason that we ask all to gird up each one his loins and do the best that lies in him to make this meeting a success.

We all wish it well; but it requires more than wishes to make a success. Attend the meeting, and show, by your actions, that your good actions have taken a practical shape; and be prepared to participate in the proceedings, to discuss the papers, and show this great country that the Mississippi Valley is not only not dead, but not even sleeping.

We have too many large and prominent States in this great Valley of the Mississippi to permit such a meeting to be neglected, and we expect "every man to do his duty" upon this great occasion of the meeting of the Mississippi Valley Medical Association.

### A LIBERAL OFFER.

The JOURNAL, being desirous of increasing its already large subscription list, has determined to make the following extremely liberal offer to its readers: All new subscribers sending us one dollar will receive the JOURNAL until the end of this year and for 1898. To those who send the names of four new subscribers and four dollars the JOURNAL will be sent free for the remainder of this year and for 1898, *free*, and to the new subscribers for the same length of time for the subscription price paid.

We hope that our readers will embrace the opportunity. We do not offer premiums, as we do not deal with any catch-penny affairs. Any subscriber who desires to obtain anything which we can procure will be certain to obtain it at the lowest price which can be secured; but, beyond this, we cannot promise to serve our patrons.

We have made an offer which is certainly liberal when the JOURNAL is looked over and considered. Whilst not an extraordinarily bulky affair, it is replete with practical information and a general cursory view of the principal advances in all departments of medicine to satisfy any progressive medical man. Its pages shall ever be free from personalities, whether of praise or of condemnation, but shall ever be awake to the advantage and advancement of the general practitioner.

### OUR ADVERTISERS.

Our readers who have consulted our advertising pages will have found that they did so only to their own profit. We desire to state right here that no advertisement of a preparation is admitted to our pages unless we know personally or from competent authority that the products so advertised are perfectly reliable and what they are represented to be. In fact, our object has ever been to advertise only those products which we know to be good.

For this reason we desire to say a few words in commendation of the firms who have seen fit to insert their announcements in our pages. We are proud to have them as patrons, and we hope that our readers will bear them in mind when about to prescribe or order goods which they may need in their practice. They will

never have cause to regret such action, but, on the contrary, may be grateful for having received a timely word of advice.

We do not desire to make any particular selection in this matter, and can only say to our numerous readers that all are good, or they would find no room in our paper.

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**The Legal Endorsement of Quackery.**—The success that has attended the enactment of medical laws for the different States is likely to be offset by the artful dodgers on the outside of legitimate medicine, who are endeavoring to obtain special legislation by which they can indulge in fake medical practice and still be protected against the envy, malice, and uncharitableness of the man who obtains his license after passing a State examination. Of course, this is very unjust toward the wonderful healers and faith curists who can not otherwise earn a living. As an instance of the direction in which this abominable legislation is tending, we quote a news item from a western contemporary to the following effect:

"In an important decision made by Judge Kohler in the Common Pleas Court at Akron, Saturday, he holds that the Mosgrove law, requiring persons to have certificates before practicing medicine, does not apply to osteopathy, Christian Science, massage, hypnotism, or any such treatment of patients. The decision was made in the case of Eugene Eastman, an osteopathist, who was convicted in the police court on complaint of local doctors."

All this shows the necessity for committees on medical legislation to be on the lookout for the possible enactment of such laws by ignorant statesmen and by interested frauds. If such decisions are to establish a precedent, all the burdens must be borne by the regular physician, and all the rewards enjoyed by the quacks.—*Medical Record*.

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## MEDICAL PROGRESS.

### MEDICINE.

**Treatment of Simple Continued Fever.**—There is a group of cases characterized by more or less marked febrile phenomena, the pathology of which is still too obscure to permit of any more definite designation than that of simple continued fever. Although some authors have regarded them as of malarial origin, quinine has proved completely ineffective in their treatment. Professor J. M. DaCosta (*Jour. American Med. Assoc.*) states phenacetine and salol are very serviceable, especially in cases with headache. He advises that they be given in small quantities, a grain or two frequently repeated until their effect is manifested. Dr. C. Birnie (*Maryland Medical Journal*) also expresses a preference for phenacetine in these cases, and finds that when administered frequently in small doses it relieves the troublesome headache which is usually present in this affection. The advantage of phenacetine is that it not only reduces fever, but exerts a general sedative influence upon the nervous system, as is manifested by the relief of pains and the induction of sleep. Much evidence has also been adduced from time to time that it is the safest as well as the most pleasant of modern antipyretics.

**Syphilitic Disease of the Heart-Wall.**—Dr. Sidney Phillips, in the *Lancet*, arrives at the following conclusions:

1. Syphilis may produce gummata or general fibroid change.
2. Gummata in the left ventricle, except those of very small size, are dangerous to life, and when near the apex of the left ventricle may cause sudden death.
3. Gummata in the left ventricle may be suspected if in an individual with syphilitic antecedents there occur signs of derangement of the action of the left ventricle with symptoms of defective or embarrassed action, especially angina pectoris, tachycardia, syncopal or epileptiform attacks, or in the right ventricle when dyspnea, otherwise unaccountable, appears.
4. Extreme feebleness of the heart without dilatation, gradually increasing in young or middle-aged persons who have had syphilis, suggests syphilitic disease of the left side of the heart, and long-standing dyspnea may point to similar disease on the right side of the heart.

5. Dilatation of either side of the heart in syphilitic persons may result from syphilitic fibrosis.

6. Hypertrophy of the heart, without ascertainable cause and without corresponding increase in the strength of the heart, suggests syphilis.

7. Aneurism of the heart-wall may result from syphilitic local lesions, and may be fatal with or without rupturing.

8. It is probable that gummatous and fibroid disease in early stages may be relieved or cured by the usual specific treatment, and there is every reason to believe that syphilitic lesions of the heart-wall are not less amenable to treatment in their early stages than syphilitic lesions elsewhere, though no cure can be expected where advanced tissue changes are already produced. It is certain that syphilitic heart disease is more common than is generally recognized.—*Am. Med.-Surg. Bull.*

**The Effect of Anesthetics Upon Bodily Temperature.**—On several occasions in the editorial columns of the *Therapeutic Gazette* we have called attention to the importance of maintaining bodily temperature by the use of the external application of heat in surgical operations during the time that an anesthetic is being administered; and as long ago as 1888 the writer of this editorial published in the May issue of the *Gazette* for that year an article upon some experiments to determine the influence of etherization upon normal bodily temperature.

With reference to the use of external heat, in this paper it was found that in a series of twenty-six cases the administration of ether caused a very marked fall in bodily temperature. Thus in one series of cases the average fall of temperature was from  $2.5^{\circ}$  F., the greatest fall being  $4.4^{\circ}$  F., and in another series in which the temperatures were taken in patients who were under the surgical care of the late Dr. D. Hayes Agnew it was found that the fall of temperature amounted on an average to  $2.32^{\circ}$  F., the greatest fall being  $3.15^{\circ}$  F. These temperatures were taken in the rectum, the previous ones named having been taken in the axilla. The operations varied in all degrees of severity.

Our attention has been directed to this matter anew by a paper which has been published in the March number of the *American Journal of the Medical Sciences* by Dr. Allen of Cleveland, in which he details the results of a number of experiments which he made upon dogs to determine what influence etherization had

upon their blood-pressure and bodily temperature. The results which he obtains are practically identical with those which the writer of this editorial obtained nine years ago, but there is one possibility of error in his conclusions which we think has been overlooked, namely the fact, well-known to those who have worked with animals in the physiological laboratory, that placing a dog upon his back with the limbs fixed in the manner usual when making an experiment always results in a considerable fall of temperature, unless the bodily heat is maintained by a covering or by applications of heat. In other words, an animal lying exposed upon a table and absolutely uninjured and not receiving any anesthetic will have a very considerable fall of temperature in the course of one or two hours. We believe that the custom of covering the patient with a very small amount of clothing during an operation and exposing large portions of the cutaneous surface to the air during the operation greatly increases the danger of secondary bronchitis and congestion of the important viscera, particularly the kidneys; while many physicians exclaim at the imprudence of the patient or nurse if they found the patient was lightly covered when lying in bed under ordinary circumstances, though they permit almost no covering at all during a prolonged and exhausting operation accompanied by serious shock to the vital centers.

We are glad that Dr. Allen has once more called attention to this important fact, upon which we do not think too much emphasis can be placed. During the operation the patient should be more warmly covered than when lying in bed prior to the operation, and if external heat properly applied is used during operative procedures the loss of heat will be prevented, and the old saying about the door being locked after the horse is stolen will not find a daily illustration in the surgical amphitheater.—*Ther. Gazette.*

#### THERAPEUTICS.

**Serum in Tuberculosis.**—(Paquin).—Antitubercle serum for tuberculosis has stood the test of clinical results, and may now be regarded as thoroughly well established as a valuable auxiliary in any form of tuberculosis, and of very great importance in the treatment of this disease in its incipiency.

The consensus of opinion at the June annual meeting of the

American Medical Association, to which Dr. Paquin reported over 293 cases with some 57 recoveries, was entirely favorable to this rational method of meeting the toxin with its antidote or antitoxin. The anti-tubercle serum is simply an antitoxin or anti-tuberculin, thoroughly prepared. A large number of physicians have reported recoveries from tuberculosis by the use of this serum, including such men as Landon B. Edwards, M.D., ex-president Richmond Academy of Medicine and Surgery, and editor *Virginia Medical Semi-Monthly*; Professor John M. Allen, University Medical College, Kansas City, Mo.; W. H. Prioleau, A.M., M.D., of South Carolina, and many others.

Professor J. McFarland, of University of Pennsylvania, reported recoveries, etc., in twenty cases by a similar serum, and Frank Foster, M.D., editor of the *New York Medical Journal*, in his "Practical Therapeutics," just published by Appleton & Co., has a most interesting review of serum, approving Paquin's treatment, written by Austin O'Malley, M.D., Ph.D., LL.D., etc., of Washington, D.C.

**Facts Concerning Cordial of Cod Liver Oil.**—Willard H. Morse, M.D., F.S.Sc., Iamatological Chemist, of Westfield, N.J., gives the therapeutic estimate determined upon cord. ol. morrhuae comp. (Hagee), as follows:

1. A careful analysis shows the presence therein of the definite alkaloids and active medical principles obtainable from fresh cod liver oil (and to which such oil owes its medical qualities), in combination with the hypophosphites of lime and soda. Therefore,
2. The cordial possesses the therapeutical characteristics of these components, with such physiological actions as are agreeable thereto.
3. By the same analysis it is shown that in the process of manufacture all and every impure and deleterious element has been removed. Therefore,
4. The cordial produces none but the most positive results, and can be administered to any patient, and indefinitely, without creating any repugnance to its use.
5. It is indicated in all forms of wasting diseases and asthenic conditions.
6. It stimulates and supports assimilative nutrition.

7. It exerts the influence of an antiseptic and germicide on all micro-organisms.
8. It has an effect at once marked, immediate, progressive and continuous.
9. It obviates all degenerative changes.
10. An agreeable preparation, readily taken, and fully serviceable, it is to be appreciated as a very important addition to the new *materia medica*.

**Ferratin in Tuberculosis.**—Dr. W. T. Parker, in a paper on “Normal Horse Blood Serum in the Treatment of Tuberculosis,” read before the Section of State Medicine at the June, 1897, meeting of the American Medical Association, speaking of the treatment of tuberculosis, says:

“In those cases where tuberculosis has been successfully treated by therapeutic methods, iron has been the most valuable remedy. As every one knows, the preparations of iron are very numerous, some of them positively harmful, others inert and useless, while a few are capable of being readily assimilated. Of this kind, ferratin is one of the new remedies recommended by the committee of revision for adoption into the new fifth edition of the Russian Pharmacopæia (*Chemiker Zeitung*, 31, 1897).

“This is an organic iron compound of albumen and tartrate of iron, forming a definite iron albuminic acid; it contains seven per cent. of iron, is readily absorbable, does not constipate, and has no untoward effects. On the testimony of its discoverer and others, it is identical with the natural ferruginous element of food, absorbed in the system and stored in the liver, and other organs, as a reserve iron for blood formation (*Jour. Am. Med. Assoc.*). Lately this preparation has attracted considerable attention, not only in Europe but in this country, so much so that its future success would seem assured.”

**A Gargle for Follicular Tonsillitis.**—Levy (*Jour. de Méd. de Paris*) recommends the following as a gargle for tonsillitis :

Rx Beechwood creasote.....	gtt. viij.
Tincture of myrrh,	
Glycerin .....	aa oz. ij.
Water.....	oz. iv.

M.

**A Remedy for Excessive Perspiration.**—In cases of excessive perspiration Krahn (*Theraput. Monatsch.*) recommends the use of the tincture of salvia, twenty drops in the morning and from twenty to forty drops in the evening. It must be taken continuously for several weeks in order to obtain a permanent cure. Unfortunately this old, harmless and cheap remedy, like many others of its class, is unknown to the present generation of physicians.—*Ex.*

#### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

**Poisoning by Trional.**—A case reported in *L'Abeille Médicale* in which a man suffering from morphinomania, and who was accustomed to employ morphine daily, received habitually twenty grains of trional every night during a period of two months; or, to speak more exactly, twenty-one drachms in twenty-six days. After one month the patient found it difficult to rise, and was in a condition of continuous hebetude. He could with difficulty support himself, and the movements of his upper and lower extremities were exceedingly ataxic. There was tremor of the tongue, the feet, the hands and the muscles of the face. The walk was slow and labored. In attempting to speak the syllables were transposed, or in attempting to write they were so disordered as to make the spelling very incorrect. There was profound psychic depression and general intellectual feebleness, with involuntary passage of urine.—*Ex.*

**Indian Hemp Poisoning.**—October 10th for H. M., aged twenty-three, a mixture containing Indian hemp was prescribed in combination with strychnine and quinine. This was taken regularly thrice a day up to November 3d, and without any untoward symptoms beyond a feeling of drowsiness after the first few doses. November 3d he took his usual dose (which happened to be the last in the bottle), and a few minutes afterwards his face became very pale, and he "wanted more air." As I happened to be in the house at the time I was able to watch the subsequent symptoms. He said he felt he was mad; that he could see and hear me one minute, and then the next minute I had gone. I walked him out into the fresh air, and gave chloric ether and sal volatile. He recovered sufficiently to say he felt well again and would go indoors. After remaining there a few

minutes the previous symptoms were repeated, but with the addition of a distressing sense of impending death. His pulse was 128, and very feeble; tongue dry and covered with a thick, whitish-brown fur; he complained of tongue swelling and jaw being fixed. His hallucinations were frequent, and far from the pleasant ones recorded in the text-books after small doses of Indian hemp. He further became suicidally inclined, but was easily restrained.

After a very restless night, he awoke in the morning with a very vivid recollection of what he had gone through. The treatment adopted was: keeping him awake, applying hot bottles to feet, administering hot, strong coffee; the stimulant draught before mentioned. The case is interesting from the smallness of the dose and from the suddenness of the symptoms.—MINTER, in *The Lancet*.

It would look as if about all the cannabis in the mixture had settled to the bottom—the extractive at least—and thus had been taken in the final dose.—ED. *Med. Age*.

**Pathology of the Diarrheal Disorders of Childhood.**—From an extended clinical and pathological study at the Kaiser and Kaiserin Friederich Kinderkrankenhaus in Berlin, Baginsky (*Archiv für Kinderheilkunde*) concludes that the diarrheal disorders of childhood arising under the influence of high summer temperature are at first only functional in character, consisting in changes in the motor and secretory functions of the gastrointestinal tract, with abnormal digestive chemism. In their further course profound anatomical alterations take place in the walls of the stomach and bowels, which may range between catarrh and necrosis of the mucous membrane. The follicular changes are processes of peculiar character and independent of the catarrhal, with which they may in the course of time be associated. They lead sometimes, in addition to superficial changes, also to ulceration. These changes are attributable not to specific bacteria, but to the ordinary saprophytic micro-organisms of the intestinal tract that assume especial virulence. Under peculiar circumstances other bacteria not ordinarily found in the intestinal tract may act as causes of diarrheal disorders. These also induce profound anatomical changes in the walls of the bowel. The invasion of other organs by these bacteria is not

unusual, but is rather relatively common with regard to the kidneys. Under these circumstances the bacteria may cause profound anatomical lesions, even to the extent of suppuration. The transmission does not usually take place through the blood stream, the bacteria being but rarely found in the blood, and then only in small numbers. The most profound disturbances are occasioned by the fermentative products of bacterial activity, toxic or non-toxic. These are either of the nature of acids or products of albuminous degeneration, down to ammonia and its combinations, which behave as active irritants, and thus cause injury to the walls of the bowel. Further, through the blood current and the lymph stream they exert a degenerative influence upon other organs, especially those possessed of excretory functions, such as the liver, the kidneys, etc. Under the influence of this intoxication from the intestinal tract the resistance of the whole organism to the invasion of other pathogenic micro-organisms is diminished, as is manifested by numerous complications.

—Record.

#### DISEASES OF WOMEN AND CHILDREN.

**A Mixture for Whooping-Cough.**—Guaita (*Semaine médicale*; *Progrès médicale*) gives the following formula:

Rx	Phenocoll hydrochloride,	
	Antipyrine .....	ââ 7½ grains.
	Potassium bromide.....	6 "
	Syrup of bitter orange peel,	"
	Orange-flower water.....	ââ 380 "

M. A child eight years old may take the whole amount, in four doses, in the course of twenty-four hours.—Ex.

**Quinoline in the Treatment of Whooping-Cough.**—G. Koch, according to a summary of an article by Marius Martin (*Gazette Hebdomadaire de médecine et de chirurgie*), prescribes quinoline in whooping-cough, to be taken internally in daily amounts of from four to fifteen grains, according to the patient's age and the severity of the disease. He gives the following formula:

Rx	Quinoline tartrate.....	1 part.
	Distilled water,	
	Syrup.....	ââ 75 parts.
M.		
S.	A tablespoonful every three hours.—	<i>N. Y. M. Jour.</i>

**"Painful Paralysis of Young Children."**—Dr. A. Halipré (*Normandie médicale*) employs this term as the title of a case which he himself seems to have come to look upon as one of subluxation of the head of the radius. He was called to see a girl baby, sixteen months old, that had been attacked with "paralysis" of the right arm. The child was healthy, and played with older children, who, on one occasion, handled it rather roughly, for it began to cry. The mother picked it up, thinking it was tired. However, on the following morning it cried again on awaking, and when the child was taken up it was noticed that the right arm hung along the body. When the arm was moved the child gave a sharp cry. Nothing peculiar was observed in the other limbs.—*Ex.*

**Laceration of the Cervix.**—Operation for laceration of the cervix is considered by W. O. Henry as indicated for deep lacerations which allow the lips to roll widely out as a prevention of cancer; those deep enough to give rise to hemorrhages; those accompanied by great subinvolution, especially at the cervix; all which cause extreme nervousness, shown by a sensitive point in the angle of laceration; when abortions are frequent and traceable to no other cause; when it is the cause of any distressing symptoms not traceable to other cause capable of removal by simpler means.—*Am. Jour. of Obstetrics.*

**Uncontrollable Vomiting in Pregnancy, Continuing After the Death of the Fetus.**—Fabre notes a case of uncontrollable vomiting in a primapara, 18 years of age, who had previously suffered from anemia and hysteria. The vomiting began at the fifth month of pregnancy, and continued up to eight and a half months, with increasing weakness. The fetal heart was not to be heard, yet the vomiting continued, and medicinal means were of no avail. It was therefore decided to induce premature labor, and Krause's method (introduction of a bougie into the uterus) was employed. On the day before this was done the patient was so weak as to require injections of caffeine and ether and 200 gr. of artificial serum into the subcutaneous tissue of the abdomen. Twelve hours after the introduction of the bougie a dead female fetus was delivered by means of forceps. The vomiting still continued, and the patient died twelve hours later. The only lesions found at the necropsy were those of recent gas-

tritis. The case is interesting, for the death of the fetus was not followed by a cessation of the vomiting, a circumstance probably due to the fact that here pregnancy was not the sole factor, but had superadded to it the pathological state of the stomach.  
—*British Medical Journal.*

#### SURGERY.

**Abdominal Contusions with Visceral Lesions.**—Dr. Gil-liam (*Columbus Medical Journal*) says that, in order that we may guard against such wholesale interference and still include as many as possible of the cases demanding operation, he has formulated the following rules: Explorative section should be made: 1. When blood is found in the ejecta of the stomach or bowels or in the urine. 2. When abdominal rigidity, tympanites, or other inferential signs of visceral lesion exists. 3. When the patient complains of burning pain or a sense of grave internal injury. 4. When there is profound, remittent, or recurrent shock. 5. When from the nature of the injury it is probable that visceral lesion has resulted. And finally the patient in all cases should be watched closely for forty-eight hours, during which time any untoward manifestation should be the signal for exploration.—*Med. Rec.*

**Resection of Lung.**—Resection of lung, or pneumectomy, would appear at first glance to be a rational method of procedure in tuberculosis of the pulmonary structure. Surgeons who are accustomed to practice resections of the articular extremities in tuberculous osteoarthritis and extirpation of the synovia in tuberculous synovitis, and who have witnessed the gratifying results following these operations, are at once impressed with a desire to institute radical operative methods in a disease which counts its victims by thousands yearly. The pulmonary structure, however, differs from all other structures in the body in its susceptibility to infection by means of the bacillus tuberculosis, and its anatomical peculiarities are such as to favor extension of infection and reinfection of parts whose vital resistance has been lowered by disturbances of nutrition from any cause.—DR. GEORGE R. FOWLER, *Annals of Surgery.*

**The Ambulatory Treatment of Fractures of the Leg.**—At a recent meeting of the Académie de Médecine, a report of which is published in the *Journal des praticiens*, M. Réclus

stated that the apparatus employed in this treatment consisted of three pieces: The first was a plastered boot, somewhat short; the second was formed of two plastered stiffeners applied to the upper part of the boot, and formed a point of support for the third piece, which was a firm metal strap the two upper ends of which rested on the stiffeners; the lower part was intended to rest on the ground. A plastered band held it in the proper position. In this way the reduced fragments could be maintained and at the same time the patient was able to walk; the part of the limb subjacent to the fracture hung, to some extent, free inside of the strap.

M. Réclus said that not only were the patients enabled to continue their occupations by means of this apparatus, but it hastened somewhat the formation of the callus, and above all avoided atrophy of the terminal segment of the limb and stiffness of the articulations.—*N. Y. Med. Jour.*

**Surgical Use of Cocaine.**—The following practical observations are quoted by the *American Therapist* from the *Codex Medicus*:

1. The use of cocaine should not be abandoned because its irrational employment has produced deleterious results.
2. Always make a thorough physical examination of the patient before injecting the drug.
3. It should not be used in cases showing organic diseases of brain, heart, lungs, or kidneys, or in persons of neurotic diathesis.
4. Children bear it fully as well as adults.
5. The patient should always be placed in a recumbent position prior to its employment.
6. Constriction should be used whenever possible to limit the action of the drug to the desired area.
7. Use a freshly prepared solution for each case.
8. Distilled water should always be employed, to which phenic, salicylic or boric acid should be added.
9. A 2 per cent. solution has a better effect and is safer than solutions of greater strength.
10. Never inject a larger quantity than  $1\frac{1}{2}$  grains when no constriction is used.
11. About the head, face and neck  $\frac{1}{2}$  of a grain should never be exceeded.

12. When constriction is possible, the dose may be as large as two grains.

13. Every slight physiological effect is not necessarily to be taken as cause for alarm.

14. Cocaine does have effect upon inflamed tissues.

15. In case alarming symptoms occur, use amyl nitrite, strychnine, digitalis, ether or ammonia.

To which we will add: Always use a chemically pure product, free from isatropyl and cinnamyl-cocaine as well as other impurities, the presence or absence of which can be readily ascertained by the simple tests of the United States Pharmacopea.—*Med. Times.*

#### ORTHOPEDIC SURGERY.

**Flat-Foot.**—In cases of flat-foot, where the deformity of the bones is such that the plantar arch cannot be replaced, the probability, and even the possibility of a cure by muscular action alone has been questioned; but is it probable that muscles are potent to develop the form of the body, to maintain the form, and also deform, but impotent to reform it? In the treatment of flat-foot, too, we have the advantage of ordinary exercise of the functions of the feet. Every step taken in good walking helps the cure, and to promote such activity under the most favorable physiological conditions ought to be the surgeon's aim, not only in flat-foot, but in other painful affections.—*T. S. Ellis, Int. Jour. Surg.*

**Calot's Treatment of Pott's Curvature.**—Calot (*Sem. Méd.*) reports thirty-seven cases of Pott's disease cured without deformity by forcibly correcting the curve as soon as it appears, says the *Canadian Practitioner*. He believes that all cases can be treated in the same way and with a like result. The patient is put under an anesthetics, while four assistants pull the upper and lower extremity of the spinal column backwards, and the surgeon exerts strong pressure on the convexity of the curve. When the spine has thus been straightened, a plaster jacket reaching from the head to the pelvis is applied. If it is impossible to correct the curve by these means, the projecting spinal processes should be removed. Exceptionally, however (in two out of thirty-seven cases), the posterior wedge of bone which prevents the vertebral column from being straightened must be excised. Then, after

cutting through the bone anterior to the spinal canal, the column can be replaced in its normal position. Only five to ten months are needed for a cure, instead of two to three years, as under the usual treatment, and the occurrence of paralysis is largely prevented. Calot showed five children before the Academy of Medicine whose humps, after existing for six months to six years, had been treated by his method. In some no trace, in others but very little, of the former deformity remained. Photographs taken before treatment showed how marked the difference was.

#### DERMATOLOGY AND SYPHILIOLOGY.

**Lichen Simplex Chronicus.**—At a meeting of the Harveian Society Dr. Eddowes showed a case of this disease, in which the lesion had existed for many years without improvement. He strongly advocated the employment of Unna's compound mercurial plasters, especially Nos. 16 and 88, for this rebellious disease. He had had several such cases under his care, and all had progressed as favorably as the patient shown, who was nearly cured. The treatment was simple, cleanly, and highly satisfactory to patients.

Dr. Eddowes also showed a patient suffering from "psoriasis circinata in its most typical form."

Dr. Eddowes, in reply to a question from the president, said possibly the lesions of the skin were the result of inoculation by insects. He thought some so-called smokers' patches were due to strong caustics used for relief of toothache, and that the irritation caused by the edge of carious teeth also contributed to the production of scars.

Dr. Sibley, in reply, said that he had been unable to obtain any evidence of syphilis in the case.—*Med. Press and Circular.*

**Treatment of Pruritus by the Application of Compresses Charged With a Hot Solution of Tannin.**—According to Dr. A. H. Heidenhain (Koslin), the successful treatment of pruritus consists in the application to the congested region of compresses soaked in very hot water mixed with a tablespoonful of tannin per litre, in order to prevent maceration of the epidermis. It is asserted that this simple and convenient treatment will cure pruritus in every case; but the patient ought to be informed that tannin leaves indelible spots on linen.

With regard to pruritus of the vulva, in particular, Dr. Heidenhain lays down the following rules: Every evening just before going to bed the patient takes a vaginal injection with a solution of lysol, then another with tepid water, previously boiled, and, lastly, a third injection with a solution of mercury bichloride; the vulva is then carefully washed, and the patient applies between the labia majora a compress of gauze, charged with the hot solution of tannin. Should there be any excoriations of the mucous membrane, they may be cauterized with silver nitrate.—*N. A. Practitioner.*

**Lupus Treated by Thyroid Extract.**—Byron Bramwell (*Brit. Med. Jour.*) reports the results of this treatment in two cases. In the first, a girl aged 16½, whose disease had persisted for nine years, covering the nose, left cheek and upper lip, and extending from each corner of the mouth to the chin, administration of the extract was continued, with a few intervals, from February 13th to July 27th. At the latter date the improvement was marked. In an intermission the disease retrograted, but improved again on the resumption of the thyroid treatment. After a year the patient was much improved, not cured. The second was a girl of 18, whose nose, mouth and right eyelid were affected. Noticeable improvement was made within a month.—*Gen.-Urin. and Cut. Jour.*

**Raynaud's Disease.**—At a recent meeting of the Clinical Society of London (*Brit. Med. Jour.*) Dr. Fletcher Little showed a woman, aged 19, otherwise healthy, who had developed symmetrical gangrene of the first, middle and ring fingers, which commenced during cold weather. There had been attacks of local asphyxia for some months previously. There was no similar affection of the toes. The cheeks were somewhat sclerodermatos, and the movements of the face were stiff, which gave rise to a constant simpering expression. The association of scleroderma with Raynaud's disease had been noticed by Raynaud himself. The patient had no hematuria nor menstrual irregularity. *Nux vomica* was the only drug that had afforded relief in this and in another similar case under his observation.—*Ex.*

**Erythromelalgia.**—Henry L. Elsner of Syracuse has reported a case of this very rare condition. It had occurred in a washerwoman, and the first symptoms, headache and flushings of

the face, had developed in 1893. Subsequently she complained of pain in the hands, and soon afterward a maculo-papular erythema developed on the hands. The pain was so exquisite that she described the sensation as that of being "consumed by a living fire." Gradually erythematous spots formed on the knuckles and tips of the fingers and thumbs, the lesion being severest on the thumbs. Curiously enough, while this erythema was present, there developed a true Raynaud gangrene on the tips of the thumbs, with a gradual separation of the distal phalanx. The only explanation that he could offer was that, as a result of the prolonged distention of the blood-vessels, the intima had become thickened and the circulation sufficiently obstructed to cause this gangrenous process.

#### GENITO-URINARY DISEASES.

**Antiseptic Lubricants for the Catheter.**—Guillard (*Annales des maladies des organes génito-urinaires*) recommends the following formulæ:

Rx	Carbolic acid.....	1 part.
	Sterilized oil of sweet almonds.....	25 parts.
M.		
Rx	Porphyridized boric acid .....	1 part.
	Sterilized white vaseline .....	6 parts.
M.		
Rx	Sterilized powdered soap, Sterilized glycerin, Sterilized water .....	as 11 parts.
	Resorcin, beta-naphthol, or absolute phenol, 1 part.	
M.		

This is Guyon's soluble ointment. It has the advantage of being readily removed by washing.

**Sterility in the Male.**—Dr. John G. Blake says that the rare mention in current medical literature of this subject is the chief reason for this paper. A short summary of the views of writers may not be out of place, and the report of two cases of a rare form of the affection may have some interest for gynecologists.

Sterility in the male is that condition in which, if there be any seminal fluid at all, it lacks all fecundating power. The absence of this power may be dependent upon one of two conditions, namely: the semen may be ejaculated in normal amount, but the

spermatozoa are either entirely absent or dead when discharged; this constitutes the condition of azoospermia. Or there may be a total absence of all seminal fluid, constituting what is known as aspermia. In both cases the act of copulation may be complete. As a corollary to the above two conditions, we might mention malemission, the condition in which the semen is discharged into the male urethra, but is not ejaculated into the vagina.—*Boston Med. and Surg. Jour.*

**Sugar in the Urine.**—Dr. A. R. Elliott gives the following formula, devised by himself, for the testing of sugar in the urine:

SOLUTION 1.

R	Cupric sulphate.....	grs. xxvij.
	Glycerine (pure) .....	3ij.
	Distilled water .....	3iss.
	Liq. Potassæ .....	ad., 3iv.

Dissolve the cupric sulphate in the glycerin and water, and gently heat. When cold add the liquor potassæ.

SOLUTION 2.

A saturated solution of chemically pure tartaric acid.

These solutions are quite stable, and keep indefinitely.

Into a test tube pour a drachm of the cupric acid solution. Boil gently over a spirit lamp. Then add two or three drops of the tartaric acid solution and boil again. The urine is now added slowly, drop by drop, until eight drops are added. If no reaction takes place by this time there is no sugar. The reaction is a yellowish or reddish or greenish-gray deposit of suboxide, which is marked and unmistakable. In a few minutes the reaction deepens.—*New York Medical Journal*.

**Uretero-Ureteral Anastomosis.**—Dr. J. Wesley Bovée, in lengthy article on this subject, wherein he also reports all the cases to be found in the literature of this subject, formulates his conclusions as follows:

1. Uretero-ureteral anastomosis is a perfectly feasible procedure.
2. Uretero-ureteral anastomosis, whenever possible, is far preferable to any other form of ureteral grafting, to nephrectomy, and to ligation of the ureter.
3. It should be done preferably by lateral implantation, or

by oblique end-to-end anastomosis, though the transverse end-to-end or the end-to-end methods may be safely employed.

4. The constrictions of the calibre of the ureter do not usually follow attempts at suturing in closure of complete transverse section of the duct.

5. That nephrectomy for transverse injuries of the ureter, *per se*, is an unjustifiable operation.

6. That simple ligation of the ureter to produce extinction of the functions of the kidney is too uncertain to justify its practice.

7. That drainage is not necessary if the wound be perfectly closed and the tissues throughout are aseptic.—*Am. Med.-Surg. Bulletin.*

**Spontaneous Rupture of the Bladder.**—Mr. Archibald Cuff reports (*Lancet*), from the service of Mr. Charles Atkins, Sheffield Infirmary, a case of spontaneous rupture of the bladder, with operation and recovery. The patient, a male, aged forty-seven, had a long-standing stricture of the urethra, dating back to a gonorrhea fifteen years before.. For three years he had had vesical tenesmus, dysuria, and attacks of pain in the lower abdomen and loins.

Two weeks previous to entering, on lifting a ladder he felt something give way in the lower part of the abdomen; twelve hours later there was severe pain, and on the following day repeated vomiting and chills, and a rise of temperature. At the same time a tumor appeared in the hypogastrium. Vomiting ceased in a short time. When admitted the temperature was 106° F., pulse 104. There was an ill-defined tumor extending from the symphysis pubis nearly to the umbilicus; abdominal walls tense; no tenderness. The catheter drew a small quantity of alkaline and turbid urine.

An incision was made as for suprapubic cystotomy. Upon entering the abdomen a thick mass was encountered, which apparently consisted of connective tissue and inflammatory exudation. It contained a series of cavities filled with bloody urine, one of which communicated by a small opening into the bladder; at the upper part of the mass was another cavity containing foul pus; all the cavities were freely opened and drained.

The patient made a good recovery. The mass diminished to a

small lump, and the abdominal wound healed. The urine became clear, and the patient was relieved of his symptoms.

The author considers this to have been a case of a bladder sacculated by long-continued distention due a stricture, and rupture following upon unusual muscular effort.

#### PROCTOLOGY.

**Glycerine Suppositories.**—Want of success in the employment of glycerine suppositories is by no means uncommon, and in many cases can neither be attributed to differences in the suppositories nor to insensibility of the mucous membrane. According to Dr. Overlach, the etiological factor is due to the wandering of the suppositories, whereby they pass higher up into the intestines, where their action is minimal. As the most sensitive part of the intestine, whether to mechanical or chemical agents, is in the region just above the sphincter ani, Dr. Overlach resorts to the simple device of maintaining the suppository in position by means of a band of regulated length, attached to a transverse rod outside. With these glycerine suppositories, being held *in situ*, the desired reaction is obtained in a few minutes.—*Therapist*

**Cancer of the Rectum.**—Writing on cancer of the rectum, Tuttle (*Journal of the American Medical Association*) states that:

1. Cancer of the rectum can be cured in over ten per cent. of the cases.
2. The mortality from the radical operation, though still considerable, is not alarming, and is decreasing with every year's experience.
3. The radical operation prolongs life on the average over 100 per cent.
4. As a palliative measure, excision is far more successful and beneficent than any other measure.
5. The sequences, though numerous, are not at all intolerable and should weigh little in our consideration when it is a question of so serious a disorder as cancer of the rectum.

And thus we answer the question, “What has modern surgery done for cancer of the rectum?” It has cured it, conquered all its disgusting features and relieved its pain, doubled and more the lease of life, and at comparatively small risk has given to

the hopeless hope, not timorous and vague, but well-founded, and which grows stronger and more confident every day they live without recurrence.

**Artificial Sphincter Ani.**—Hr. Prutz, Königsberg, gave his experience on artificial sphincter ani, after Gersung's method. To prevent involuntary evacuation after removal of the sphincter ani, two methods were followed:—1. By the formation of a twist, or kink, in the rectal stump. 2. By the formation of a sphincter by carrying the stumps of the rectum through muscle; for example, the gluteus. The first procedure introduced by Gersung had been carried out regularly by v. Eiselsberg for the last fourteen months in those cases in which the bowel could not be drawn far enough down to pass it through muscle. The bowel was drawn down and twisted until a hindrance was felt. A twist of 120 to 270 degrees was generally sufficient. It was then sutured with silk in two stages. Usually the patient was continent from the first. The bowel was sutured to the skin. For the sake of security the patients wore a "pelotte." The sacral anus with twisting had been made six times.—*Med. Press.*

#### OPHTHALMOLOGY.

**Glaucoma after Cataract Operation.**—Dr. Rumschewitsch, in *Zehender's Monatsblätter*, once more discusses the appearance of glaucoma after cataract extraction and thinks that the whole subject deserves the closest study. He would take large statistics and investigate the topic anew. To support the theory that extraction with an iridectomy preserves the patient from subsequent glaucoma, he reports a case in which the two eyes of the same patient separately operated upon were both attacked with glaucoma after the extraction. In one eye, atropine was used beforehand, to dilate the pupil. In the other, none was used, and as a prophylactic, eserine was instilled directly after the operation, and for some days, but the glaucoma appeared and left indelible traces behind in the shape of loss of sight and field.

**Management of Glaucoma.**—Richey speaks at some length of the management of glaucoma as distinguished from the operative treatment of the same. He favors eserine in a solution of 1 to 4,000 or as high as 1 to 1,000, to be used frequently where the corneal haziness persists, and a light taxis, as he calls

it, of the globe through the eyelids. Other authors might call the same process massage. He thinks that this process relieves the turgescence of the vessels of the iris and fundus of the eye. Leeches are also of great use in some patients, and then the eserine can be reduced to 1 in 8,000. Pilocarpine may be substituted, on occasion, for the eserine, but is not so trustworthy. Hot baths, but not sponging, and abstinence of stimulating food is of great aid in some cases of plethora. Nitro-glycerine or amyl nitrite are too powerful in most patients, and therefore we must rely on the use of the hot body-bath at 105° to 108°. A mixture of salicylate of sodium, ammonia, and taraxacum is to be pushed to the point of physiological tinnitus, and colchicine may be substituted. The bowels should be kept soaked, as the author says, with an aperient, mentioning Hunyadi.—*Ex.*

#### TERATOLOGY.

**Bilateral Congenital Amazia.**—Dr. Fred. C. Zapffe says in the *Medical Record*:

By referring to the literature on this subject I find that this is a rather rare occurrence, and one which, according to some authors, is found in monstrosities only. It has been my good fortune to have seen a case of this kind, and I take this opportunity of putting it on record.

Some time ago I was called to see a lady who had been suddenly attacked by a violent pain over the heart, followed by unconsciousness. Upon examination I found a complete absence of both breasts. The chest was well formed, but there were no mammae. It was not a case of micromazia, as I at first suspected, but a total absence. The nipples, however, were large, like a normal female nipple, and had a pigmented areola around them.

The lady is thirty-two years of age, married eight years, has had five miscarriages, all at about the sixth month, and has given birth to five children, two of which are twins. The labors were all normal. She had menstruated only once since her first pregnancy, and is now again four months pregnant. She gives a history of having never been sick, and claims that her breasts were at no time larger than they are now. She has an aortic insufficiency now. The history shows that this is not a case of atrophy, either primary or secondary, but of true bilateral congenital amazia, without a concomitant infantile uterus.

**Congenital Transverse Division of the Glans Penis.**—Hofmokl figures and describes (*Archiv. für Klin. Chir.*) a rare case of congenital transverse division of the glans penis into two parts, a dorsal larger and a lower smaller part. The urethra opened into the middle of the dividing furrow and was surrounded by a frenulum which passed on to the upper part of the glans, while on the lower part was seen the orifice of a blindly ending duct about two millimeters long. The patient was a man sixty-eight years old who had been twice married and had eight children. He suffered from congenital phimosis, and it was during operation, when the prepuce was turned back, that the anomaly of the glans was for the first time revealed. Hofmokl is unable to find in embryology a clear explanation of the origin of this defect.—*British Medical Journal.*

**A Case of Congenital Malaria.**—Dr. Winslow (*Boston Medical and Surgical Journal*) has reported the case of a male child, ten weeks old, apparently healthy and weighing seven pounds at birth, that did not flourish on its mother's milk and suffered from colic and vomiting. The child slept little, cried a great deal, was constantly moving, and had cold hands and feet. It had become emaciated, pallid, and weak. Various forms of artificial food had been employed, but without permanent benefit. The muscles of the limbs and neck were rigid, the head was slightly retracted, and handling induced crying. While under observation the little patient had a severe convulsion, characterized by muscular rigidity, loss of consciousness, clonic spasms, and strabismus, followed by a period of muscular relaxation and stupor. It was now learned that similar attacks had taken place from birth, being always preceded by prolonged crying. The child became so ill that the prognosis was for a time doubtful. The question of malaria was suggested by the family, but, as the temperature had been normal and no periodicity of the symptoms had been observed, the matter was left in abeyance. The mother had had quotidian malaria of a severe type for two weeks preceding the birth of the patient, but treatment had been withheld on account of the existence of pregnancy. The symptoms disappeared at the end of labor. Improvement in the child's condition failing to take place in spite of varied treatment, examination of the blood was made, with the result of disclosing the presence of malarial plasmodia in abundance. The child was

given one grain of quinine by enema twice daily, and the convulsions at once ceased, although the muscular rigidity, the sleeplessness, the colic, the constipation, and the restlessness persisted. After a month of such treatment the removal of the child to a non-malarial place was advised. Improvement at once set in, and after a week the quinine was withdrawn and one-fifth minim doses of Fowler's solution were prescribed. The plasmodia disappeared from the blood, the child gained in weight, and in a short time was quite restored to health. The opinion is expressed that the plasmodia were probably conveyed directly by means of the foetal circulation, although the possibility of infection through the mother's milk is not to be excluded. As the symptoms were the same up to the time that the diagnosis of malaria was made, it seems evident that the disease existed from birth.

#### MEDICO-LEGAL.

**Mosquito Bite Decided to Be an Accident.**—The Court of Appeals, at Louisville, Ky., according to a report in the daily papers, recently decided a suit against an accident insurance company, brought by Mrs. Sallie Amberg of that city for \$50,000 for the death of her husband, which was caused by a mosquito bite. The lower court held that the bite was not an accident in the meaning of the word as used by insurance companies, but upon appeal Mrs. Amberg got peremptory instructions in her favor.

**Estate of Deceased Insane Person not Liable.**—In Missouri the duty of supporting the indigent insane is devolved by statute upon the counties of which they are inhabitants. Section 5557 of the Revised Statutes of that State of 1889 provides that "in all cases of appropriations out of the county treasury for the support and maintenance of confinement of any insane person, the amount thereof may be recovered by the county from any person who, by law, is bound to provide for the support and maintenance of such person, if there be any of sufficient ability to pay the same." But because there is no express statutory provision therefor, the Supreme Court of Missouri holds, in *Montgomery County vs. Gupton*, March 9, 1897, if a county has paid for the support of an insane person at the State Lunatic Asylum, cannot recover the amount from such person's estate

after his death. There is no principle of statutory construction, it declares, that will warrant the assumption that, a legal liability being upon others, if they are able pecuniarily to pay for the patient's support, the law will imply a promise on the part of the patient to pay for it himself, if able pecuniarily. At common law, it explains, it is well settled that the provision made by law for the support of the poor is a charitable provision, from which no implication of a promise to repay arises, and moneys so expended cannot be recovered of the pauper in the absence of fraud, without a special contract for repayment.

—*J. A. M. A.*

**A Decision of Importance to Physicians.**—A case of interest to physicians generally was decided by Judge Dunbar, at Boston, last week. The circumstances of the case, as reported, were that previous to May 1, 1896, Dr. Oscar F. George had a lucrative practice in Lynn. On that date he sold it to Dr. Edward B. Herrick, who came from Amherst, Mass., signing an agreement not to practice in the city as long as Dr. Herrick remained there. He went to Newburyport, and later to Vermont, and about March 1, 1897, came to Swampscott, where he located and resumed practice, and, as he admitted upon the witness-stand, again began practice among his old patients in Lynn. Dr. Herrick brought a bill in equity in the Superior Court against Dr. George, to have him restrained from practicing in Lynn. As a result Judge Dunbar enjoined the defendant from practicing in Lynn in violation of his promise. The decision is important from the fact that, while the defendant admitted that morally he was bound to keep his agreement, legally he was not so bound. The judge, however, decided that he was both legally and morally bound to keep his agreement, and enjoined the defendant from further trespassing upon the ground to which he had signed away all claim.—*Boston Med. and Surg. Jour.*

**To Recover for Medical Attendance.**—In actions for personal injuries, in order to recover for medical attendance and similar items, the Supreme Court of Nebraska says, in Golder vs. Lund, March 3, 1897, that it is necessary for the plaintiff to show two facts: First, what expense he actually incurred; and, secondly, that it was reasonably incurred. It is not the reasonable charge for medical services which he may recover,

but the expense to him of such services, not to exceed their reasonable value. But in order to recover in such an action for expenses of medical treatment, the court further holds, it is not necessary to prove by the record that the physician rendering the services was licensed to practice under the statute. Proof that he practiced as a physician raises the presumption in actions between third parties that he was licensed to do so.

**A Father Has a Right in His Child's Dead Body.**—The full bench of the Massachusetts Supreme Court recently decided, in the case of Samuel C. Burney against the Boston Children's Hospital, which was an action to recover damages for an autopsy made without the plaintiff's consent upon the body of his child, that a father has a property right in the dead body of his child before and after burial. The contention of the defendant that there is no property right in a dead body, which had been sustained by a lower court, thus apparently falls to the ground.—*Ex.*

#### NEUROLOGY.

**The Diagnosis and Management of Syphilitic Brain Disease.**—In a discussion before the New York Academy of Medicine, Dr. E. C. Spitzka considered the diagnosis between genuine melancholia and a somewhat similar condition observed in the initial period of syphilitic dementia. In true melancholia there is a mental depression uninfluenced by surroundings; in the syphilitic disease the patient is depressed, because he is unable to attend to his business, and suspects that his friends realize this. In the former insomnia is present, while in the initial period of dementia syphilitica the patient sleeps through the night, and often also during the day. The true melancholia is universally neglectful of his dress; the other is very particular about certain parts of his dress and negligent about other portions. In true melancholia the patient is seclusive, while the syphilitic is irritable, and his symptoms show great variations from day to day, finally drifting into a condition in which slight but characteristic changes in the medulla oblongata are found. Dr. Spitzka thought the differential diagnosis of great importance, because proper treatment in the early stages of dementia syphilitica might bring about complete recovery. In his experience, the

common error had been that of too exclusive reliance on the iodides. His own initial treatment was always with mercury, preferably by inunction. The cases of syphilitic dementia, he says, are usually over forty-five years of age, and suffer from renal insufficiency. The syphilitics often contemplate suicide, but only actually commit it on the impulse, and without pre-meditation. Although gastric irritation is quickly produced in ordinary persons by large doses of iodide, in the cases under discussion very large quantities of the iodide are not only tolerated, but often seem to act like a charm.—*Universal Med. Jour.*

**Nervous Manifestations of Syphilis.**—Those nervous manifestations, which are of diagnostic value in syphilis, are enumerated as follows by Dr. J. N. Allison Hedges (*Med. and Surg. Rep.*):

1. Headaches, which disappear if paralysis occurs.
2. Insomnia, nearly always associated with headache, and disappearing with the appearance of convulsion or paralysis. It differs from the insomnia of neurasthenia and melancholia in that it occurs in the early night, the victim arising in the early morning ready for his daily labor.
3. Vertigo, occurring usually with the headache. It may be transient, but becomes worse as the disease progresses.
4. Tremor, present in one-half of the cases. It occurs most often in the order named: In the hands, tongue, and over the whole body, accompanied by headache.
5. Hemiplegia.
6. Erratic distribution of paralysis, as aphasia, with or without hemiplegia, ptosis, insanity, or epilepsy, with paralysis of one arm or leg.
7. The use of electricity to determine central or peripheral lesions.
8. The presence of great weakness and mental dullness. This is one of the most valuable of the nervous manifestations, being out of proportion to the seeming condition of the patient.
9. History of the case. In women, the history of many abortions would point to syphilis.

## BOOK REVIEWS.

**Reference Book of Therapeutics.** By Various Authors. Edited by FRANK P. FOSTER, M.D. In Two Volumes. Vol. II. Imperial 8vo., pp. 618. [New York: D. Appleton & Company. 1897.

Our readers may remember what we said of the first volume of this work when it made its appearance, and we desire to accentuate all the words of praise we said for it, and if possible we would increase the number of the good words we could possibly say for the work as a whole. The second volume is certainly a worthy companion for the first; and the entire work, taken as a whole, is a monument of exactness and completeness with such due regard to detail as can be verified by any one who consults its pages. We have already had occasion to look for information in these tomes and we confess with pleasure that they have never failed us.

It is a pleasure, indeed, to have such a friend at hand in whom implicit confidence may be reposed and the physician is more especially the one who is ever in need of information which is ever of the utmost importance to himself and his patient, and most often in that ever important branch of therapeutics. It is for this reason that a thorough, comprehensive and reliable reference book is of such inestimable value, and of such a character is the one before us. We would not easily part with it, for, in addition to the qualities cited above which it possesses, it is also thoroughly up to date, and whilst not discursive to any degree, it is sufficiently complete to furnish an element of exactness such as should satisfy any one seeking for reliable information.

We could possibly keep on speaking of the good qualities of this work from personal use, but the large sale it has already enjoyed is no doubt a better endorsement than we could give it. It has met with the approval of the profession, and having passed that severe and critical gauntlet it must certainly be entitled to the stamp of success.

The editor is too well known in connection with medical literature to permit us to suppose that anything bearing his name could be ought but excellent. The *New York Medical Journal*, which has ever known his fostering care and guiding hand, is ample evidence of this. We can heartily recommend his Reference Book of Therapeutics to every physician, and not only that, but we would urge all to get a copy of it and carefully study its pages in leisure moments, as it will be found to be not only profitable but instructive in the highest degree.

**The Menopause.** A Consideration of the Phenomena which occur to Women at the Close of the Child-Bearing Period, with Incidental Allusions to their Relationship to Menstruation, also a Particular Consideration of the Premature (especially the Artificial) Menopause. By ANDREW F. CURRIE, A.B., M.D., 12mo., pp. 309. [New York: D. Appleton & Co. 1897. Price, \$2.00.

The monograph before us is certainly one which has been long demanded by the medical profession, for, as he very correctly states, it has been a prevalent idea with the majority of the profession and with all the laity that the periods of puberty and of the menopause are particularly dangerous to women, when such is really not the fact. That this cessation of an important function has gathered new interest of late years is very evident from the fact that it has been artificially produced by the numerous abdominal operations on women which have been performed, and this factitious production of a formerly normal condition has shed much light upon the physiological process and has enabled close observers to come to more rational conclusions in regard to the menopause.

In the present work the author has made a real advance and such an one as will be hailed with delight by both physiologists and gynecologists. He will not accept the old and, we were going to say, absurd ideas of antiquity and of those who have not investigated, but he discusses his subject from a modern point of view based upon modern research and investigation. A large amount of statistical matter is furnished, but this only goes to prove that so far as the menopause is concerned the civilized woman has considerable advantages over the savage.

The treatment of the menopause, according to the author, should consist chiefly in rest and watchfulness. The medicinal parts must be purely symptomatic. The most common condition observed is referable to vaso-motor influences, and if a woman be of neurotic temperament or descended of such these troubles will be more marked.

Taken altogether this is a most excellent little book, which we can heartily recommend to all physicians as the latest and most advanced and, consequently, the best on the subject.

**Essays on Social Topics.** By Lady Cook. 8vo., pp. 126. [Westminster: The Roxburghe Press. 1897. Price, 3/-.

Our readers are perhaps much better acquainted with Lady Cook, Viscountess of Montserrat, under the name of Tennessee Clafin. She has always been a most fearless writer and when she handles social topics she does so with a trenchant and virile pen. The volume before us includes the first three volumes of the author's Talks and Essays on Social and other Topics. It is

certainly worthy of careful reading and will amply repay any one to buy it. Everything is presented in a direct and fearless way and one at once logical and convincing. We can commend the volume.

**International Clinics.** A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynaecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially Prepared Articles on Treatment. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M.D., (Univer. of Penna.), J. Mitchell Bruce, M.D., F.R.C.P., and David W. Finlay, M.D., F.R.C.P. Vol. II., Seventh Series. 1897. 8vo., pp. 371. [Philadelphia: J. B. Lippincott Company. 1897.

The present volume of the International Clinics fully sustains the high reputation which it has earned for itself in the past. The lectures contained in it are not only most excellent, but instructive as well, containing a vast fund of information such as could only be obtained from the large experience of such prominent men as constitute the collaborators, and who occupy prominent positions as advanced clinicians.

Among the more particularly interesting lectures may be mentioned that on The Diagnosis and Treatment of Insipient Locomotor Ataxia, by Aloysius O. J. Kelly, the well-known Chicago neurologist. The lecture is a most excellent one, and scientific withal. Dr. Herman D. Marcus of Philadelphia has an excellent lecture on Vaccination; but, in his short historical sketch he fails to give credit for the discovery to Mr. Benjamin Jesty, whose claim has been fully established by Crookshank. A most excellent lecture is that by Dr. Casey A. Wood, on The Relations of Optic Nerve Atrophy to General Medicine. This is a very thorough exposé of the subject, and deserving of much attention. Dr. John Lindsay Steven of Glasgow has a well-delivered lecture upon a highly interesting case of scleroderma, leading to pronounced hemiatrophy of the face, body, and extremities, with deformity and fibrous ankylosis of the joints, after a lengthened period of superficial ulceration. This is a most valuable contribution to pathology, and one that will, no doubt, be referred to quite often by subsequent writers.

Dr. G. Hudson Maknen's article on The Surgery of the Faucial Tonsil is a more than ordinarily good contribution, which was originally read before the American Association of Laryngologists. It is a progressive setting forth of the importance of a subject which has been perhaps neglected too much. The mastoid operations are discussed in a masterly lecture by Seth Scott

Bishop, who is well and favorably known in connection with mastoid diseases and their treatment, both medical and surgical.

The above are a few chosen from forty which constitute the contents of this volume. There is not a single one which is not excellent, and we are certain that, since the inception of the publication, there has not been one subscriber who had just cause to complain of the work. A circumstance which attests to the truth of this fact is that the International Clinics have continuously gained in popularity, and have a constantly increasing list of subscribers.

The volume before us is generously and handsomely illustrated with well-executed engravings and half-tones.

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## LITERARY NOTES.

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**Books Received.**—The following books have been received during the past month and are reviewed in the present issue of the JOURNAL:

Reference-Book of Therapeutics, by Various Authors. Edited by Frank P. Foster, M.D. In Two Volumes. Vol. II. Imperial 8vo., pp. 618. [New York: D. Appleton & Company. 1897.

The Menopause. A Consideration of the Phenomena which occur to Women at the Close of the Child-Bearing Period, with Incidental Allusions to their Relationship to Menstruation, also a Particular Consideration of the Premature (especially the Artificial) Menopause; by Andrew F. Currier, A.B., M.D. 12mo., pp. 309. [New York: D. Appleton & Co. 1897. Price, \$2.00.

First and Second Series of Lady Cook's Essays on Social Topics. 8vo., pp. 126. [Westminster: The Roxburghe Press. 1897. Price, 3/-.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynaecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially Prepared Articles on Treatment. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M.D. (Univ. of Penn.), J. Mitchell Bruce, M.D., F.R.C.P., and David W. Finlay, M.D., F.R.C.P. Vol. II., Seventh Series. 1897. 8vo., pp. 371. [Philadelphia: J. B. Lippincott Company. 1897.

The St. Louis Clinique, which we announced in our last number as having changed hands, now bears the name of its former editor, Dr. Thomas O. Summers, as occupying the same position. We are pleased to see this, as it is an assurance

that our cotemporary will continue to occupy the same high position in the future that it has held in the past.

The Daily Lancet is now published by the Baily & Fairchild Co., of 220 Broadway, New York City. Its general character will be changed to conform more closely to the newspaper idea, Dr. Joseph F. Edwards continuing as editor. The price will still remain at the extremely low figure of one dollar a year. No physician can afford to be without this daily record of medical events.

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## MELANGE.

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**Shall the Way of the Transgressor be Made Easy?**—Every now and then articles appear in the medical journals having for their aim the prevention of venereal diseases, through the application of some therapeutic measure. The adoption of such precautionary measures would seem to indicate such pre-meditation to do an illegitimate act, that we cannot believe it to be a common occurrence, even in the case of individuals who might perhaps not be dominated by strong sentiments of virtue. The following clipping, taken from the *Medical Age*, would seem to come under this head:

"Gonorrhœa Prophylactic.—Blodasewski proposes the instilling (not injecting) of one or two drops of a two per cent. solution of nitrate of silver into the meatus after coition, a third drop being allowed to flow over the frænum. This is so simple that it can be carried out by any one.—*North American Journal of Homœopathy.*"

Would it not be better to instil into the minds of youths and young men the truths to be found in the seventh chapter of Proverbs, and especially the twenty-sixth verse: "For she hath cast down many wounded: yea, many strong men have been slain by her."—*Pittsburg Med. Rev.*

**Opposed to Making Specialists in College.**—I always take in hand seriously the undergraduate who expresses his intention of paying particular attention to a certain branch with a view to making it a specialty when he shall have graduated. It is this kind of specialist who, as much as the advertising quack, has brought the very word into disrepute. I tell my young friend

that it will be time enough when he has thoroughly grounded himself in the general principles and practice of his profession and has had ten or fifteen years of experience, to think of devoting his time in great part to some one line more than others. I would not discourage any young practitioner from endeavoring to increase his knowledge and perfect his skill in certain particular lines or line, according as he may have talent, taste or opportunity to study in that direction, for the field has become too wide for one to become expert in everything, and with quaint old Norris, "I think a little plot of ground thick sown better than a great field, which, for the most part, lies fallow." If by and by a man becomes wise or skillful beyond his fellows in a certain line of work, and they keep him so busy therein that he has no time for anything else, I can see no objection to his doing that work, whether he is called a specialist or whether he is called an expert in that line. And if all specialists were made in this way there would be no cause of complaint from anybody.—Dr. J. W. KELLY, *N. O. Med. and Surg. Jour.*

**Examinations for the Army Medical Corps.**—An army medical board will be in session at Washington City, D. C., during October, 1897, for the examination of candidates for appointment to the medical corps of the United States Army, to fill the five existing vacancies. Persons desiring to present themselves for examination by the board will make application to the secretary of war, before September 1, 1897, for the necessary invitation, giving the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from which they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal acquaintance, from at least two reputable persons, as to his citizenship, character, and habits. The candidate must be between twenty-two and twenty-nine years of age, and a graduate from a regular medical college, as evidence of which his diploma must be submitted to the Board. Successful candidates at the coming examination will be given a course of instruction at the next session of the Army Medical School, beginning November 1, 1897. Further information regarding the examination may be obtained by addressing Dr. George M. Sternberg, Surgeon-General, United States Army, Washington, D. C.

## MISCELLANEOUS NOTES.

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**Aletris Cordial for Disease of Womb.**—J. J. Grant, M.D., Monticello, Fla., says: I find nothing in the *materia medica* to equal Aletris Cordial in uterine diseases. I have used it in a very obstinate case, which outstood several important remedies. When I put the patient on Aletris Cordial every diseased symptom disappeared in a week's trial. I have used it in several cases, and can, therefore, say that it is an active and powerful agent for diseases of the womb.

**Most Satisfactory.**—The following is an extract from a letter received from Dr. J. B. Murphy, the celebrated inventor of "Murphy's Button:"

CHICAGO, ILL., July 20th, 1897.

PHENIQUE CHEMICAL CO, St. Louis, Mo.

Gentlemen.—It gives me much pleasure to state that I have used your Campho-Phenique Powder, and Campho-Phenique Gauze, in my office surgical work for several months. They have been most satisfactory and have fulfilled all the requirements. Very truly yours,

J. B. MURPHY.

Samples and literature sent upon request to Phenique Chemical Co., St. Louis, Mo.

**The Right Sort of Teacher for Girls.**—The wisest and most helpful teacher is not the one whom the girls themselves "rave over" and find most "magnetic." It is she who carefully avoids the appeal to the emotions, and who, without repelling the affections, knows how to check hysterical excess and keep the young nature cool and steady by a delicate reserve and a gentle decision at the first indication of need. It is a curious fact in psychology—or is it physiology?—that while hero worship is a good thing for a boy it is seldom a good thing for a girl.—From "The Unquiet Sex," by Helen Watterson Moody, in the Fiction Number (August) of *Scribner's*.

**Iodia the Alterative.**—Iodia (Battle & Co., St. Louis.)—This is the name given to a combination made from the green roots of stillingia, helonias, saxifraga, menispernum, aromatics; each drachm in addition containing five grains iod. potas. and three grains phosp. of iron. It is usefully employed as a general alterative, and is especially of use in the numerous derangements produced by the syphilis poison. Stillingia has been long used in the States by the blacks as a remedy for syphilis, and as in this combination it is found with the iodide, we have a double-barreled weapon to work with. Where desirable hyd. bi-chlorid. may be added. It is an agreeable and elegant preparation.  
—*Provincial Medical Journal.*

**Lactophenin: Analgesic and Antipyretic.**—Dr. Charles M. Watson, of Florence, Ala., reports briefly in the *Alabama Medical and Surgical Age*, July, 1897, on his successful use of Lactophenin, quoting these cases from practice.

"A lady about 50 years of age was suffering with an attack of dysentery. Her blood was impregnated with bile pigment to such an extent that I feared icterus as a result or complication. Such cases are always troublesome, and I treated this case as I do other cases accompanied with biliousness. For the fever, restlessness, thirst, insomnia and pain, I gave eight grains of Lactophenin, and its effect was so satisfactory that I will use the old phrase and say that it 'acted like a charm.' I was greatly pleased with the result obtained from Lactophenin in this case."

"The next case in which I used Lactophenin was that of a girl, ten years of age, who had a temperature of 104 degrees, which was attended with great nervousness. In fact, the nervous symptoms were such that I feared convulsions. I gave her four grains of Lactophenin, which was repeated, when her fever was reduced to normal and she became quiet and comfortable."

**Bromidia in Insomnia.**—A. W. MacFarlane, Fellow Royal College Physicians, Edinburgh; Fellow Royal Medical and Chirurgical Society of London; Examiner in Medical Jurisprudence in the University of Glasgow; Honorary Consulting Physician (late physician) Kilmarnock Infirmary; formerly Examiner in Medicine and Clinical Medicine in the University of Glasgow, etc., etc., in his monograph, "Insomnia and Its Therapeutics," says:

"Brømidla has in several instances been found reliable, in drachm doses, given in syrup and water at intervals of an hour until sleep is induced."—*Wood's Medical and Surgical Monographs*, Sept., 1890.

**Prof. Munde says** "Chronic leucorrhœa can only be cured by the frequent use of astringents, together with hot vaginal injections."

As an astringent of great power in the treatment of leucorrhœa, Micajah's Medicated Uterine Wafers have proven of inestimable value. Prof. Otto Juettner of Cincinnati reports that in the treatment of this disease Micajah's Wafers are a sovereign remedy—the first effect noticed within twelve hours after introducing a wafer is a powerful astringent and antiseptic action with the secretion much diminished. Their great value is not alone on account of their use in the treatment of leucorrhœa, but they have been successfully used with satisfactory results in the treatment of prolapse of the uterus, engorgement of the womb, etc., and are of much value in the treatment of diseases incidental to the menopause.

Sufficient samples for a trial and booklet—Hints on the Treatment of Diseases of Women—will be sent gratis by mail on request to Micajah & Co., Warren, Pa.

# THE ST. LOUIS Medical and Surgical Journal.

Whole No. 682.

VOLUME LXXXIII.—OCTOBER, 1897.—No. 4.

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## ORIGINAL COMMUNICATIONS.

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### EPIDERMOLYSIS BULLOSA ACQUISITA.

BY A. H. OHMANN-DUMESNIL, ST. LOUIS.

Epidermolysis bullosa is a rather rare affection of the skin, and as the name would seem to imply it consists of a process which manifests itself in the formation of bullæ, together with a lysis or solution of certain parts of the epidermis, whereby this layer easily separates from those which underlie it. The trouble is a comparatively unusual one, and all the cases which have been published and identified since 1879 number about 40. In all of these the affection is said to be congenital. The peculiarity observed is that the manifestations of the trouble occurred a short time after birth and manifested themselves from time to time. A slight pressure upon the skin was sufficient to cause the trouble. Heredity was apparently present, as it was traced for as many as four generations back. In all cases the nails were affected, and the mucosa of the mouth was found to suffer in some patients. All the patients observed seemed to enjoy good health. Quite a detailed account of the published cases, including his own, is given by Wallace Beatty, M.D., in the *British Journal of Dermatology* for August, 1897, together with a good clinical description of his cases and the histo-pathology, as determined by him, to which I would refer those particularly interested in the subject.

Payne\* sums up the characters of the affection as follows:

1. Bullæ varying in size are produced on parts of the body by friction or any injury, but not otherwise.
2. The bullæ are often hemorrhagic.
3. The nails are often affected by similar injuries, becoming deformed or even quite destroyed.
4. There is no disturbance of the general health.
5. The affection is congenital, or at least dates from infancy, and sometimes occurs in several members of the same family; and,
6. It is quite unaffected by drugs or other treatment, though its severity seems to depend partly upon the state of the general health.

With these few preliminary remarks, I propose to describe a case of epidermolysis bullosa which differs, however, in some particulars from all those which have been hitherto reported. It is for this reason that I have somewhat modified the name.

CASE.—Mr. S—, of German descent, aged about 36, came to see me for a chronic thickening and blood stasis at the point of his right elbow. He is a very stout man, dark haired and dark eyed, and rather quick in his movements. He is engaged in book-keeping, but takes exercise. He has never had syphilis. In fact, his general health has always been good. When he applied for treatment I prescribed an ointment of iodoformin, one drachm to an ounce of cold cream. In two days he presented the symptoms which I shall describe further on. When the appearance to be described manifested itself I elicited the history that he had already suffered from the same trouble twice previously. Some two years before he had a small ulcer on the inner side of his right knee, and a physician dressed it with iodoform and a bandage. In thirty hours bullæ appeared and the epidermis began separating. One year ago he had a chafe and excoriation of the right side of the chin, and was given an ointment composed of one drachm of compound tincture of iodine to an ounce of simple cerate. In about two days bullæ appeared and the epidermis separated.

After hearing this history I concluded that this patient had an idiosyncrasy in respect to iodine preparations applied externally. This manifested itself in a peculiar manner, so far as the attack

\**Lancet*, August, 1893, p. 425

I could observe was concerned. A number of bullæ formed about the elbow joint and in a fold of the elbow, varying in size from a small birdshot to the thumb-nail. The walls were rather tense; the contents being straw-colored, but having no pus whatever in them. The skin between the bullæ was somewhat erythematous, but no areola existed around the blebs. Examination of the serum for iodine was negative. The skin in general was not tender, and it was the appearance and exudation which seemed to bother the patient most. This exudation was most profuse, and was not only derived from the blebs, but from the surface left exposed by the displaced epidermis. In some places the floor of the bulla bled after its walls had been split and it was removed.

The treatment in this case was the application of protective measures at first. Campho-phénique powder was liberally dusted on, gauze placed over this, then absorbent cotton and rubber tissue. In a couple of days liquid campho-phénique, campho-phénique gauze and a roller bandage was applied twice a day, and a rapid recovery followed. There never was even so much as a drop of pus. Such is a bare outline of the case I have to report.

Some of the peculiarities to notice are as follows:

The coincidence that it always was the right side which was affected.

The nails were not affected at all.

The trouble was not congenital.

It was not a dermatitis properly so-called.

It was not caused by pressure or trauma.

Each attack was due to the external use of some iodine derivative.

The disease which has been barely sketched has been called dermatitis bullosa by some authors, but the inflammatory signs necessary to constitute a true dermatitis were not present. What concerns us more particularly is the fact that, in the case reported, there was a true toxic action of the iodine. There have been numerous cases reported of local and general intoxication caused by iodoform, and whether it be due to an idiosyncrasy existing in the patient or to the liberation and absorption of nascent iodine, the possible danger of such occurring, whenever iodine derivatives are employed, exists. On the other hand, I have yet to hear of a case of intoxication brought about by cam-

pho-phénique. That it is an efficient antiseptic is conceded by an overwhelming mass of testimony. That it is non-toxic has not been brought to the notice of the profession. Taking these facts into consideration, it is apparent to anyone that it possesses points of superiority over other antiseptics in those cases in which it may be properly applied.

That cases of epidermolysis bullosa due to iodoform are not rare I am convinced. Reporters of cases of iodoform poisoning of a local character have been content with the mere statement that there was an inflammation of the skin present, accompanied by an "eruption." There is no doubt whatever, in my mind, that many of these were cases of epidermolysis bullosa. The internal ingestion of iodide of potassium, it is well known, produces a bullous eruption when the toxicity of the iodine manifests itself; and if the remedy be pushed an epidermolysis will make itself manifest.

The whole subject is certainly one deserving of further study, and the close examination of future cases will no doubt lead to a more extensive as well as thorough knowledge of the subject. Many cases which have been decided to be dermatitis medicamentosa will be found to be examples of epidermolysis. Everyone who has had occasion to observe such cases should report them, as the whole subject is a most interesting one.

**Tri-State Medical Society of Alabama, Georgia and Tennessee.**—The secretary has sent the following invitation to the profession:

You are invited, with your friends, to attend the Ninth Annual Meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee, to be held in the Senate Chamber of the State Capitol, Nashville, Tenn., Tuesday, Wednesday and Thursday, October 12, 13 and 14, 1897.

If you desire to read a paper, report a case, or exhibit a specimen, notify the secretary.

Reduced railroad rates to the Tennessee Centennial.

FRANK TRESTER SMITH, M.D., Secy.,  
W. F. WESTMORELAND, M.D., Prest., Chattanooga, Tenn.  
Atlanta, Ga.

**W. D. HAGGARD, JR., M.D., Chairman Com. of Arrangements,  
Nashville, Tenn.**

INSTANT CURE OF A NOISE FROM A GASTRIC  
BORBORYGMUS, REBELLIOUS TO ALL  
THERAPEUTIC AGENTS FOR TWO  
YEARS.\*

BY DR. LOUIS VENE, PARIS, FRANCE.

Some time since I was called to see a young girl whom I was told was afflicted with a very singular trouble. In order that I might observe, she was made to drink a swallow of water in my presence; there followed the sound of a gastric borborygmus, isochronous with the respiration, and sufficiently loud to be heard from one room to another; at the same time, this young person, in order to alleviate her pain, held her clenched hand to her left hypochondrium.

"And now," stated the mother, "in four or five hours from now, at the same time that a gas will be expelled *by the mouth*, this noise will cease. A short silence, since the smallest quantity of food, a simple bonbon, or any emotion produce the same phenomenon—five hours of enforced music. My daughter, dismissed everywhere, has been forced to renounce all apprenticeship. During the two years that this has lasted I have seen many physicians (you are the third one within the week), and I have always attended the clinics of the hospitals: Tenon, then Lariboisière, and at present St. Louis, the nearest hospital; there they are willing to give her the medicines and the douches which she has not discontinued for six months. But everywhere they tell me the same thing: 'It is hysteria,' and I am discouraged from making any new attempts."

I could not find in the patient, who is 15 years old, whose father is healthy, and mother well but very impressionable, neither modifications of the cutaneous or ovarian sensitiveness nor nervous attacks or ill-feeling—to be noted only, that one day at school she was prevented from urinating; she subsequently experienced difficulty in doing so, and it should be the next morning that the distressing symptom for which I was called manifested itself.

Examination in the horizontal posture, and fasting (save the swallow of water), permitted me to discover a sub-umbilical click. No nephroptosis. The borborygmal sounds had ceased through the dorsal decubitus. When I made her stand, I was

\* From *Gazette des Hopitaux*.

struck, the patient being thin, by the sub-umbilical arching and the return of the sound—phenomena in contrast with the hypogastric flattening and the silence of but a moment before in the recumbent position.

This gurgling sound, isochronous with the respiratory movements, could be easily localized below and to the right of the umbilicus, with a termination above and to the left of the half distance between the umbilicus and left false ribs, following the axis, in greater part sub-umbilical, of a stomach suddenly rendered ectasic, and lowered by the fact of the erect posture the emission of the gaseous eructation, always by the mouth, seems to indicate positively once more that it is really a noise of gastric origin.

To arrest it temporarily, I saw that, exclusive of the horizontal position and cessation of respiration, there were two means: the first was the trial of Glénard's bandage, either used in the classic manner, with one hand, the ulnar border of that hand right over the pubis; the second was to apply the points of three joined fingers over the left hypochondrium. Two sets of apparatus gave results: In the first place, the hypogastric belt with a spring for anteverision, which has the effect of replacing the hand over the pubis, and also the band of Glénard which raises the intestinal mass; and, in the second place, the bandage employed for nephroptosis.

The hypogastric belt with spring was effective, but intolerable, the band well borne gave an unlooked-for result, but did not bring about a complete cessation of the noise. The bandage for nephroptosis not being well borne, the instrument maker, at my request, reinforced Glénard's band by the addition of supplementary springs and a larger pad.

A month later, the mother and daughter came to tell me that since their departure from the instrument maker's they had not heard a single time the borborygmal noise; "that it seemed to them that they were in another world since silence had established itself in her insides."

Two months later an eminent confrère of Vichy, Dr. Glénard, desired to observe the fact, and convinced himself of the circumstance that the borborygmus reappears or ceases when the inside buckle of the band is loosened or tightened. He found the stomach low, the abdomen protruded in the standing posi-

tion, depressable, the clicking, and Stiller's sign (mobility of the anterior extremity of the tenth rib). No other visceral defects.

In fine, it is with emphasis that the patient stated, since she wore the belt: (1), to have no longer any sensation of impairment; (2), to digest very well wine which she could not bear, and feel less discomfort in the stomach; (3), to have stools every day instead of every four or five days; that is to say, thanks to the belt, symptoms, which Glénard mentions as characteristic of enteroptosis, were suppressed. So far as insomnia is concerned, another sign of enteroptosis, there never was any in this patient.

Does this case come to the support of any one of the hypotheses by which an attempt to explain the noise of barborygmi has been made? They are three in number: that of Pitres,\* according to which a barborygmus is a spasm, always hysterical, of the respiratory muscles, acting violently on the gastric contents; that of Chapotot and Bouveret,† who attribute it, according to Glénard, to the biloculation of the stomach, but in contending that this deformity is produced by the pressure of the corset; finally, the theory of Glénard,‡ who explains it, by gastrophtosis and autochtonus biloculation of the stomach, the two phenomena being connected with one another. In such a case, the gases, driven by the movements of the diaphragm from one pocket to the other, act on the constricted ring of the stomach as if on a vibrating organ reed.

One thing certain is that this interpretation of Glénard satisfies us more in the case in hand. It is comprehensible that the raising by the hand or bandage diminishes the gastrophtosis, but in order to grasp the mechanism of the cessation of the noise well, it is important to observe that it is not only synchronous with the movements of the diaphragm. It is in the same sense rising towards the thorax in inspiration, falling towards the abdomen in expiration. When the diaphragm is at the rise of its movement, the gases are, beyond all doubt, at the upper part of the stomach, at the place where they are heard. At this moment the lower pocket is empty and in a state of hypotension. For this reason it receives the gases of the upper portion as soon as the diaphragm drives them there. On the other hand, it resists

\* Pitres. Des éructations et des barborygmes hystériques. Paris. 1895.

† Chapotot. L'estomac et le corset. Thèse de Lyon. 1892.

‡ F. Glénard. Exploration méthodique de l'abdomen dans les maladies de la nutrition. Paris. 1895.

them if it experiences from below upwards a counter-pressure which is opposed to that of the diaphragm. This increase of tension in the lower pocket does not occur without a modification in the state of the elastic tension of the whole organ. The stomach is like an accordion which resumes its closed form when traction from below ceases. The force which acts upon it thus in the way of stretching is the weight itself of the gastro-intestinal mass, exaggerated by the diminution of the intra-abdominal tension. By suppressing this weight, the gastrophtosis is made to disappear; the organ, utilizing its contractile force for itself, resumes its form, the interlocular orifice enlarges, and, as a result, the noise ceases.

So far as the bandage for nephroptosis is concerned, the same as the pressure of the band upon the left hypochondrium, it acts by increasing the gastric tension by direct pressure, crushing and making, more or less, virtually one of the gastric pockets.

It might be supposed, at first glance, that we are in opposition to Bouyeret and Chapotot, according to whom the corset and the constriction of the waist produce or bring back borborygmus: the fact is very real; since our attention has been drawn to the subject (since a few weeks), we have seen three persons who have told us that they were inconvenienced by gurgling noises, but only Sunday; that is to say when, to make a toilet, they put on a corset and laced; now, without in the least degree diminishing their lacing, the use of the belt succeeded marvellously in suppressing the noise, despite the presence of the corset which produced it. It is because the pressure exerted from below upwards by the hand compensated for the pressure exerted from above downwards by the corset. Bouveret\* states that he also has observed that, in a case in which the abandoning of the corset was not sufficient to suppress the borborygmus, it was temporarily stopped by the manual raising of the intestinal mass. This is the manner in which the belt of Glénard acts. So far as the bandage for floating kidney is concerned, it is made like a rupture truss, and has but two points of contact: the one against the spine, and the other in the left hypochondrium, where is exercised the efficient pressure without contact at the intermediate points.

It is a ramming process, produced upon a limited point, with-

\*F. Glénard, *loc. cit.*

out circular strangulation; there is nothing here to compare to the action of the corset. The bandage for floating kidney acts against gastrophtosis alone, and not against enteroptosis. It answers but one of the indications of the disease and does not obviate against the diminution of abdominal tension.

The theory of Pitres seems to us, although incomplete, to contain a part of the truth, in this sense that the venous influence, in this class of cures, is not to be denied.

To return to our patient, we wish to say that we have tried electricity without success, and let us not forget that antidiyspeptic and antineurotic remedies were employed on her for two years without success. It was only the doctrine of enteroptosis which permitted us to relieve this young girl of an affliction of the most distressing sort. It is, then, not a vain theory; it is a practical experience, and the history of my patient attests its importance.

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The American Pediatric Society is making a Collective Investigation of Infantile Scurvy as occurring in North America, and earnestly requests the coöperation of physicians, through their sending of reports of cases, whether these have already been published or not. No case will be used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished on application to any one of the committee. A final report of the investigation will be sent to those furnishing cases.

[Signed]

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Philadelphia.

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*Committee.*

**A CASE OF SYMMETRICAL CONGENITAL GANGRENE.**

BY DR. HENRIETTA A. STOFFREGEN, ST. LOUIS.

Mrs. A. K——, American of German descent, aged 25 years, married seven years, is perfectly healthy, of a lively disposition, a blonde with blue eyes, and weighs 160 pounds, her height being 5 ft. 5 inches. Her husband is a German and healthy. She has three living children. Her child-bearing history is as follows: One girl, aged six years, the oldest child. Then she had a miscarriage. The next child was a girl, now two years and two months old. I attended her during this confinement, the labor being perfectly normal, both mother and child being in good condition. The last child was a baby boy, born March 15, 1897. I attended the mother on this occasion, and this is *the interesting case*. Labor began at 7 o'clock P.M. I was at the bedside of the parturient woman soon after, and found the os uteri dilated about two inches. Examination showed a left anterior vertex presentation. The pains were at first slow and irregular, but soon became regular every ten minutes and lasting. There was no amniotic fluid, it being a complete dry labor. The child was born at 9 o'clock P.M.

His weight was about fourteen pounds. His whole face and a part of the head was covered with a membrane (amnion) which was closely adherent, and which I quickly detached. There was no sign of hair upon the head, although there existed eyelashes. On the face, body, upper arms, and thighs, as well as the genital organs, the skin was of a very bright and shining red color, as if a diffused scarlatinous eruption was present. On both forearms from the wrist to the elbow, and on both legs from the ankle to the knee, the skin was perfectly hard and dry, like tanned leather. Around both wrist and ankle joints there was a line of demarcation, without cuticle, about one inch broad, surrounding the limbs like a bracelet, the outlines being somewhat irregular. Upon both hands and the fingers, and both feet and the toes, the skin was soft and moist and easily removed when touched. The nails were normal. In all other respects the child appeared well-developed and normal. It nursed well, the secretions were normal—no vernix caseosa.

The placenta came away without assistance. She had no untoward symptoms of any kind during and after labor. Every-

thing was made as aseptic as possible, and was kept so. The patient was up and about on the tenth day. The child also progressed remarkably well. Wherever the skin was red it desquamated exactly as it does after scarlet fever, on the limbs where the skin was dry, and it gradually peeled off in small patches. Upon the hands and the feet the skin dried up in a few days and followed the previous process.

The treatment simply consisted in keeping everything scrupulously clean and dusting the child plentifully with compound talcum powder. It took about four weeks for the process to become completed. The child, to-day, looks as if it never had had any trouble at all.

#### REMARKS.

At the eighth month of development the pupillary membrane disappears, and the skin is then very poorly supplied with subcutaneous fat. Born at this time the child will appear perfectly red. But in the case reported, knowing that the mother had last menstruated in the early part of August, 1896, the child was born at full term. However, when the amniotic fluid is very small in quantity in the early part of pregnancy, the separation of the amnion from the embryo is thereby delayed. In these cases we will often meet with malformations or arrest of development produced by constriction.

In this case the mother had not noticed any loss of fluid at any period during her gestation. During the month of November, 1896, the oldest child suffered from an attack of diphtheria (?). At least such, the mother informed me, was the diagnosis of the physician who attended the child. The mother also sustained a terrible fright caused by the explosion of a gasoline stove one week before her confinement.

My opinion is that the above occurrence had no effect whatever upon the condition of the child. I look upon the case as congenital gangrene of the skin produced by pressure from the uterus upon the child by the absence of the amniotic fluid. At all events it is a unique case.

## CLINICAL REPORTS FROM PRIVATE PRACTICE.

### A CASE OF BRONCHIAL ASTHMA RAPIDLY RELIEVED.

BY WM. HENRY HARLIN, M.D., BROOKLYN, N. Y.

K. S., aged 30 years, female.

*Symptoms.*—Severe cough, yellowish sputa, pains under shoulder blades, râles in both lungs, sweats, etc.

*Diagnosis*—Bronchial asthma.

*Treatment.*—Tonic and change of air, with Hagee's Cordial of Cod Liver Oil with Hypophosphites of Lime and Soda.

*Clinical History of Case.*—Taken three months ago with cold, followed by severe cough and expectoration of whitish sputa streaked with blood, and severe difficulty in breathing.

Since she has been taking the cordial, improvement very rapid and now feels quite well.

92 Sterling Place.

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**A Good Move.**—Dr. John Ridlon, corresponding secretary of the Northwestern University Woman's Medical School, writes to us that some considerable changes have recently been made in the faculty. An extensive addition to the college buildings, which will double the laboratory and clinical facilities, is in course of construction. The trustees of the University recognize that the day for didactic lectures to large classes, for revenue chiefly, is passed; that the real teaching must be done in recitations, in the laboratories and in the clinics, and to small classes; and that to obtain teachers in medicine, as in other departments, salaries commensurate with the work done must be paid. He believes it will interest the entire profession to know that the list of salaried teachers has been greatly increased.

## CORRESPONDENCE.

### A MERITED REBUKE.

We are in receipt of the following letter from Dr. Joseph Price, of Philadelphia, which speaks for itself:

*To the Editor of the St. Louis Medical and Surgical Journal:*

MY DEAR SIR: Allow me to thank you as editor of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL for the editorial in your issue of August. In your editorial, as in your extract from an editorial in the *American Journal of Surgery and Gynecology*, published in your city, there is that splendid spirit which I am pleased to believe belongs to the great body of our profession. Here, for fear I may not elsewhere, I will state that during my recent visit to St. Louis, which was intended to be strictly professional, I was greeted with marked courtesy by a great number of the profession of St. Louis; they extended to me the sweetest of amenities. I keep these facts in faithful memory of brothers of our profession whom it is always pleasant and profitable to meet.

The "malicious individual" to whom the *American Journal of Surgery and Gynecology* refers is not peculiar to any climate; he may be found between any and every parallel of latitude; he is not indigenous to any particular soil; he is found wherever there is *dirt*. As to the St. Louis cases upon which I operated, I only have the reports of the very worthy surgeons in whose hands they were left. The integrity of their statements will not be questioned by men who know them. These reports are to the effect that these patients made rapid recoveries. During the same visit I operated on four cases in Kentucky. All of these were reported to me by surgeons in charge to have made good recoveries. Had any of these cases died I should not have felt myself free from fault. Certainly there may be many cases of death aside from the operation or the condition for which the operation is done. The conscientious surgeon cannot escape the conviction that about all cases upon which he operates, except those malignant or dying when they come into his hands, should recover. The causes of death are easily given: malignancy, those permitted to run on through a long number of years, bad surgery (by bad surgery is meant clumsy, unskillful, incomplete surgery), the doing too much, or the leaving undone that which should be done, removing something that should be left, leaving something that should be removed.

In all repeated operations, those done to correct the mischief of abandoned or incompletely completed operations, there is some excuse for failures. They are the most difficult cases with which the surgeon has to contend, and unfortunately there are too many of them. They come from the hands of men with more ambition than knowledge, skill or experience, who have not had the patience, the energy, the resolute, persistent, unyielding purpose to learn their science and art, who have not sought to work along the humblest avenues for experience, in courts and alleys, amid destitution and want. They come from men who have never learned the alphabet of success, which has in it only four letters —*work*. There really seems to be no understanding the motives of a certain miserable set of men who, it seems, are always in evidence with some underhand declarations. They seem to be utterly discouraged as regards progress for themselves in the real and honorable methods of life, and therefore intent upon interruption of the advance of their companions. There is no more complete misdirection of energy. It is a fact that our civilization (however far from ideal) calls a man to his utmost power, and requires his entire capacity to create and maintain for himself a position at once sufficient for his actual needs of living and his desire for honor and usefulness. That there is little doubt that under most conditions men are able to support themselves is shown by our natural wealth and industries. The few who do not are troublesome. But some of those who, having provided themselves with ample living (or inherited it) find their attempts to vie with learning or skill, without sufficient labor or effort, unsuccessful, rush into vituperation and objection to matters which are unassailable. They seem to be railing at fortune. What is the object? They have none. They are discomfited and over-attentive to discouragement. An argument with them would delight them.

Their condition is a diseased one—a mental disease. They do not discern the true status of their work. There is nothing to say to these persons. They need education. They need to begin over again, to go into the kindergartens, get a fresh start. They need education not so particularly in their line of business as in conduct. Their outcry is childish and much to be pitied. Let us not bring them to public notice. They cannot stand the light.

Very truly yours,

JOSEPH PRICE.

**ST. LOUIS**  
**Medical and Surgical Journal.**

A. H. OHMANN-DUMESNIL, A.M., M.D.,

Editor and Proprietor.

No. 5 SOUTH BROADWAY, ST. LOUIS, MO., U. S. A.

VOL. LXXIII.

OCTOBER, 1897.

No. 4.  
Whole No. 682.

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**EDITORIAL DEPARTMENT.**

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**EDITORIAL.**

**THAT WAVE OF PROSPERITY.**

The politicians have been predicting to us for many months the advent of a wave of prosperity, and their opponents have hooted at them and reviled them in the various modes which came to hand, and were most convenient. That the wave is upon us we have not the least particle of doubt, but that politics had anything to do with it we know is not true.

The shortage of Europe on wheat and our phenomenal crops in the cereal have certainly to be awarded the credit of the wave of prosperity which has begun to manifest itself in the commercial world. We are exchanging our golden grain for the golden coin of Europe, and had we more of the products of the earth they would be eagerly bought up by our trans-Atlantic friends. The American farmer is beginning to realize upon his labor, and he has the prospect before him of being able to indulge in more than the absolute necessities of life. He has, at least, an op-

portunity of being able to assert his manhood in the way, among others, of paying his debts like a man. Not the least among his creditors is his physician who, at all times, and in all sorts of weather, has attended to the physical ills of himself and his dear ones. The country practitioner is certainly among those who is destined to profit by the wave of prosperity upon us, and no one more deservedly so. His life, usually so full of hardship, privation and work, is destined to be made a little more pleasant by a substantial recognition of his services, and it will be tendered to him with an ungrudging hand. We are glad to know this, for if there be a generous, self-sacrificing and hard-working member of society it certainly is the country doctor. There are no roads too bad, no weather too unpropitious, to deter him from going on his work of mercy, often without any hope of reward, and, at best, with the prospect of but a miserable pittance in the event of times getting better. It is for this reason that we rejoice at the advent of the wave of prosperity. Our brethren located in the country, more especially in the West, will reap a substantial reward, and, at least, have some little encouragement to pursue their self-sacrificing task of ministering to the diseases of others.

It is a little encouragement of this sort that makes the country practitioner pluck up courage and continue to pursue the practice of his profession with renewed vigor. It also, in no small degree, exerts its influence upon the urban doctor, who no longer is asked to "book" everything, but sees some substantial acknowledgment of his services. May the wave which is coming continue its beneficent influence.

#### EXIT A FREE DISPENSARY.

The "free dispensary" has received a set-back in St. Louis. One which was reported quite successful has closed its doors, and its former locale is for rent now, flaunting its signs to the gaze of the once confiding patient. It could not flourish in the face of the moral condemnation of that portion of the medical profession which was numbered among those who formed the better class. No threats, no force was used, but the whole matter was simply frowned down. This was certainly the better method to follow, and we have no doubt that the quiet, but forcible, disapproval of the profession will succeed in ultimately

causing the disappearance of the fifty-cent hospital associations, crooked free clinics, and other schemes, which have been run to the general disparagement and harm of the profession.

There can be no doubt whatever that men honored in the profession, eminent by their work and attainments, have made a great mistake in associating themselves or permitting their names to be used in connection with institutions which could not bear the light of investigation. These have been made tools to further the schemes of some who were unscrupulous enough to debase the good names of others, and it is certainly a shame that such a thing could have taken place. No one can deplore the fact of such an occurrence more than we do, and we are all the more elated when we are enabled to herald the good news that there seems to show itself a rift in the clouds through which a much brighter prospect for the future can be seen.

The discontinuance of one free clinic is a sign tending to indicate that others will follow in the same direction, and we are hopeful of seeing this good example followed by others, and a general awakening of all those directly concerned in such schemes to their own disadvantage and a practical discontinuance of such methods, and a return to ways that are honest and upright. We are perhaps inclined to be optimistic, but we cannot figure to ourselves such a total loss of self-respect as would lead members of the medical profession to pursue methods tending to their own abasement and degradation.

#### OUR OFFER TO NEW SUBSCRIBERS.

We desire to make an offer to new subscribers to the JOURNAL which will also prove advantageous to those who have been taking it in the past. Those who subscribe now, and send one dollar for a subscription, will receive the JOURNAL for the remainder of this year and for the year 1898 for the price of one subscription. This means practically one and a quarter year's subscription for one dollar. It means much more, for when the amount and variety of reading matter is taken into consideration it implies a vast amount of valuable medical information at a purely nominal rate.

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and we will credit you with a year's subscription. This is certainly an easy way of getting the JOURNAL, and there is hardly a subscriber who does not know four medical friends who are not willing to give a dollar for a year's subscription to a good medical journal. Now is the time to get your friends to subscribe, and we are sure that far from being a difficult matter it will be a comparatively easy one to obtain new names for our subscription list.

#### EDITORIAL NOTES.

St. Louis as a Medical Center held out great hopes at one time, but they do not seem to have been fulfilled. The reasons for this are not as apparent as they might well be. Various reasons have been assigned for this state of affairs. According to some there is not sufficient encouragement held out to those who are capable and willing to do scientific work. These latter say that their efforts are not appreciated to that degree which they would naturally expect, and, as a natural result, they cease their efforts at home. In consequence of this the best work of St. Louis is sent abroad, or East, and having thus acquired the seal of the elect it is much appreciated at home. Others argue that there is not enough unity among the members of the profession; that there are little cliques, or rings, who force themselves to believe that only those things which emanate from their coterie are worthy of consideration. In consequence of such ideas, which we believe are, for the most part, mistaken or unfounded, a general spirit of *nonchalance* has invaded the St. Louis profession, and much good work and many excellent ideas lie fallow.

\* \* \*

The Medical Societies have resumed their sessions and their work, and the indications point to active interest during the coming winter. We are much pleased to see this, as it can only be conducive to the better interests of the profession and its advancement. A most excellent system, which was inaugurated in the early part of the year, was one of the greatest value as well as interest. It was the giving out of a subject by the Executive Committee of the St. Louis Medical Society. A number of gentlemen was invited to contribute each one a paper upon some particular phase of the subject. This not only gave the mem-

bers a most excellent and thorough review of the points involved, but offered an excellent opportunity for a thorough discussion. Another good feature was having a number of gentlemen chosen by the reader of a paper to open the discussion thereon. We hope to see a continuance of this, as it certainly conduces to the making of meetings much more interesting.

\* \*

The Medical Colleges have all begun their regular sessions, and from the number of matriculates with which they have begun we can safely say that they will all have successful sessions in St. Louis. They all have better facilities than ever for instruction, and we are more than pleased to note that, notwithstanding the decision of the Supreme Court that the State Board of Health had no power to prescribe the length of the curriculum, all the colleges will maintain a high standard. This is certainly as it should be, and they certainly deserve the highest commendation for their action in the premises. The medical colleges of St. Louis have deservedly earned a high reputation, and they cannot afford to sacrifice it at this late day.

\* \*

The War on Free Clinics and fifty-cent hospital associations is still on. There have been no new developments of any particular interest recently. The extremely warm weather has kept everything rather quiescent. The fifty-cent hospital associations, we understand, are not doing as large a business as formerly. They will no doubt die quietly. The Mayfield Sanitarium very sensibly withdrew from the fifty-cents-a-month scheme, and has made many friends thereby. The abuse of free clinics is one of the evils the whole profession has to contend with. There is no doubt that the exercise of a little more discrimination would soon succeed in stopping it, and there can be no question whatever that the physicians who treat patients at free clinics would not complain at the elimination of the more undesirable of these patrons who are perfectly able, but unwilling, to pay for expert services. The remedy for this evil lies in the hands of the physicians themselves.

\* \*

Ethics Run Mad is the characterization bestowed upon some recent reports made to the St. Louis Medical Society. The various special committees appointed made voluminous reports, which

were adopted, and just before the summer adjournment recommendations were offered which were unanimously adopted. Whether these were followed or not remains to be seen. One thing is certain—no medical man of any standing can afford to oppose the code of ethics. It would simply be suicidal. We hope that everything will be found correct and in accordance with the requirements of the code. It will certainly conduce to make everything more pleasant and effect a saving of much valuable time for the society.

\* \*

The Loud Bill, as it is popularly known, has for its object the abolishing of the privilege of publications of sending sample copies at the rate of a cent a pound. The modification proposed is that they be forced to pay four cents a pound on specimen copies. The argument in favor of the measure is that the mails are flooded with worthless publications on whose postage there is a positive loss; that the really meritorious publications simply cannot afford to flood the country with their issues. It is certainly true that a high class publication with a good subscription list simply cannot afford to throw away sample copies, and does not care to do so. A great many medical publishers have done themselves and others harm by the indiscriminate distribution of sample copies. It has come to such a pass that a physician need not subscribe to a journal, for he is not only kept supplied by the various sample copies he receives, but he even fills his waste basket with them. The Loud bill is certainly a good measure.

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## MEDICAL PROGRESS.

### MEDICINE.

**The Curative Element of the Thyroid Gland.**—Although the value of thyroid preparations in the treatment of various diseases, especially goitre, cretinism, myxedema, and obesity has been generally recognized for some time, it is only recently that chemical research has brought to light the active principle of the thyroid gland upon which its curative influence depends. Thanks to Baumann's brilliant discovery, we now know that there exists in the normal thyroid gland a substance containing a relatively large quantity of iodine which represents in full its therapeutic action. It was also found that this active ingredient, to which the name iodothyryne has since been applied, was present in different quantities in thyroid glands obtained from different sheep, and this explains the discrepancies in the results of some thyroid feedings. The advantage of giving a definite compound, instead of thyroid preparations of uncertain strength, in active ingredient, can, therefore, be readily understood. Furthermore, the desiccated thyroid of the sheep contains certain albuminous elements which are liable to undergo decomposition and produce toxic effects. These are completely eliminated in iodothyryne, which represents the active principle triturated with sugar of milk in such proportion that 15 grains contain five-thousandth grain of iodine—a proportion corresponding closely to the average quantity of iodine present in 15 grains of fresh thyroid gland. Embodying as it does the medicinal properties of the thyroid gland, iodothyryne has the same range of utility as the former, and experiments made at the medicinal clinics of Professors Ewald, Gerhardt, Fraenkel, Burns, Mracek, and others have already demonstrated its value in the treatment of obesity, myxedema, goitre and psoriasis and fibroid tumors of the uterus. All observers emphasize its innocuousness, the absence of by-effects, and the advantage secured by being able to accurately regulate the dose, in contrast to the employment of thyroid products of inconstant composition and uncertain dosage.

**Case of Foreign Bodies in the Stomach, With Treatment.**—Dr. James S. Watson writes as follows: About five years ago I was called to see a child three years old, who had swallowed some crushed glass fragments of a two drachm thin glass vial, with which it was playing, when it was crushed between its teeth, and some of the fragments swallowed, inflicting several small wounds in the mouth, and as low down the throat as I could see. I had read the mashed potato or so-called Vienna treatment, but in a child so young I could scarcely have given enough to insure much protection. At this juncture a treatment suggested itself which was at least new to me, so I will give it to you to-day.

Knowing the tenacity with which the harder oils adhere to glass, I determined to give them a trial.

Then I wanted one that might be given in large quantities without harm to the child, so I selected mutton tallow, which I found in the house, and gave one ounce melted, every two hours for twelve hours, then half that amount for twelve hours longer, my object being to push it entirely beyond the powers of digestion.

The effect was all that I could have asked. The surplus tallow was formed into balls similar to those formed in the old sweet oil treatment for gall stones, and the bits of glass formed the nucleus for some of these balls, and were thus rendered entirely harmless during the remainder of their course.—*Texas Med. Jour.*

**Eventration in Children.**—Budinger (*Wiener klinische Wochenschrift*) reports a number of cases in which boys from five to nine years old, previously in perfect health, have become the subjects of persistent dyspeptic troubles. The appetite is impaired and they decline certain articles of food which are particularly apt to engender gas and consequent epigastric pain, such as bread and potatoes. From time to time, in the midst of their play, these children are seized with gastric colic. They suddenly stop playing, turn pale, and bend forward, at the same time pressing with their hands on the pit of the stomach. In every such case the author has found separation of the recti muscles extending from the ensiform cartilage to the navel, their inner edges forming the boundaries of a lozenge-shaped space. All the symptoms have been controlled by the application of

overlapping strips of diachylon plaster as wide as one's finger. If this irritates the skin, salicylated-soap plaster may be used instead.—*N. Y. Med. Jour.*

**Retention of Chlorides in Uremia.**—Bohne (*Fortschr. der Medicin*) has studied the results of retention of chlorides in the animal organism by experiments on mice and guinea-pigs. A concentrated solution of sodium chloride was injected under the skin of the abdomen, and it was found that a very small dose—for example, 2.8 g. per kilog. of body weight—produced more or less violent clonic and tonic spasms alternating with a semi-comatose condition, as in uremia, and in some cases death resulted. Clinically, a marked diminution of the output of chlorides was observed in cases of acute and chronic nephritis, and in some other conditions in which uremia occurred. Analysis of the liver in a case where uremia had preceded death showed marked excess of chlorides in its substance, as if the diminution of chlorides in the urine during life were due to their accumulation in the liver. The writer considers that retention of chlorides probably plays an important part in the causation of uremia, and that estimation of the amount secreted may give valuable assistance in prognosis.

#### THERAPEUTICS.

**Serum in Tuberculosis.**—The profession has been wise in waiting for positive clinical results in the use of serum in tuberculosis before giving it approval; for while it appeared to be on the right path and rational, many disappointments have met the experienced practitioner and have taught him caution. It is a matter of great satisfaction to the profession, however, that Paquin's antitoxin, or anti-tuberculin, or, as he calls it, anti-tubercle serum, has, after a test of nearly three years, proven its great efficacy in early cases and its value in many advanced cases. It is almost a specific in pure tuberculosis in the early stage, and the testimony has become so abundant that it is no longer justifiable scepticism to doubt. Want of information alone can now sustain the skeptic. When such men as Frank Foster, M.D., editor of the *New York Medical Journal*, Austin O'Malley, M.D., Ph.D., LL.D. ("Practical Therapeutics," Appleton Co., 1897, Vol. II., pp. 166, *et seq.*), *The London Lancet* (June 19, 1897, p. 1690), Prof. I. McFarland of the University of Pennsylvania,

and Landon B. Edwards, M.D., of Richmond, Va., as well as Maragliano, Cattaneo (*British Med. Jour.*, August 15, 1896), Reguier, Fassano, De Renzi, Cassavini, and others abroad (*N. Y. Med. Jour.*, October 31, 1896), endorse this treatment strongly and recite numerous complete recoveries and almost invariable improvement in cases possible of improvement. It seems to be a duty to the advance of medical science, and to the tuberculous, to give them the benefit of this treatment by the earliest possible diagnosis and application. This is the more available, because with tuberculin an early diagnosis is feasible, and, as the patient can use the serum by the rectal method, in suspected cases the efficacy can be easily tested under the physician's instructions by the patient himself without pain or skin disturbance.

**Taka-Diastase.**—We take the following from literature on taka-diastase lately issued by Messrs. Parke, Davis & Company:

"When taka-diastase was first produced we did not consider it probable that it could be held in solution in such a way as to make a permanent and palatable preparation without destroying the amylolytic converting power of the diastase to a certain extent. We have been experimenting in this direction, however, for upwards of a year, and early last summer found that we could make a perfectly reliable and palatable liquid taka-diastase. The question of its permanency could only be determined by time and exposing the experimental batches to varying degrees of heat.

"We have succeeded in producing just what we desired, and trust that our efforts to produce a liquid preparation of taka-diastase, which will be found particularly acceptable to children, will meet with your approval.

"We originally instituted these experiments at the request of practitioners who had obtained satisfactory results with taka-diastase, whose practice being largely among women and children often had patients complain of having to take it in powders, and asked for a liquid. Each fluidrachm contains two grains of taka-diastase, and, as you are aware, one grain of taka-diastase will convert 100 grains of starch in ten minutes under proper conditions.

"Careful experiments have appeared to indicate that the proper dose for adults of the liquid taka-diastase is one teaspoonful during or immediately after meals."

**Creosote in Gastric Affections.**—According to Dr. Th. Zangger (*Sem. méd.*), a mixture made as follows has given him excellent results in cases of infantile gastro-enteritis and various dyspeptic conditions:

R Beechwood creosote.....	3 drops
Alcohol.....	1 gme.
Gum arabic powd .....	10 gme.
Syrup .....	30 gme.
Orange-flower water .....	10 gme.
Water.....	to make 100 gme.

**M.**

Sig. A teaspoonful for children, or tablespoonful for adults, immediately before each meal.

The writer has found that creosote in small doses exerts a particularly favorable action, and that, under its influence, gastric affections and diarrhea, when due to gastric derangement, rapidly recede.—*Am. Med.-Surg. Bul.*

Carbolic acid also acts in the same manner, and a question which occurs to us is as to whether the good effects observed from the use of the creosote, as indicated above, may not be due to some free phenic acid.

**Tribromphenol Bismuth.**—One of the latest antiseptics introduced into practice is *tribromphenol bismuth*, the composition of which is indicated by its name. It is a fine, odorless powder, somewhat greenish in color, which seems to be of decided utility as a sedative and to control suppuration. Upon raw surfaces and upon sensitive mucous membranes it is sometimes irritating at first, but this soon passes over. It is said to be the long-sought "perfect substitute" for iodoform. Our limited experience commends it as of service in that direction. In one case of antral disease, its local use entirely controlled a putrefactive process giving rise to foul odor, and resistant to other measures.—*Phila. Polyclinic.*

#### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

**A Case of Atropine Poisoning.**—Dr. H. F. Vickery reports the following:

This last week I had a case of poisoning of a mild degree from the use of the British Pharmacopœia's unguentum atropinæ upon the intact skin of the breasts of a patient whose child had been dead some days before delivery at term. My object was to pre-

vent the secretion of milk. The nurse had been warned what the symptoms of atropine poisoning were, and no damage was done. The strength of this ointment is eight grains to an ounce. It had been applied to both breasts, with pressure, for three days, when this occurred. The pupils were much dilated with paralysis of accommodation; the throat dry; the heart rapid, (partly, however, from fright, because it was 160 when the nurse took it, and after I talked with the patient a while it came down to 120).

No serious symptoms developed. The disturbance passed away; but it illustrates the fact that ointments are capable of producing physiological effects through the unbroken skin.

It may be added that very little milk was secreted, and that the breasts gave no trouble whatever.—*Boston M. & S. Jour.*

**Keloid Scar Following the Application of Iodine.**—In *L'Abeille Médicale* there is a case reported to the Society of Dermatology by Thibierge in which a young girl of fifteen had applied to the skin of the anterior portion of the thorax a considerable quantity of tincture of iodine, which was repeated once, the idea being to relieve an attack of bronchitis. Seven months afterwards a scar was present with distinct keloid manifestations.—*Ther. Gaz.*

**A New Bacillus.**—Drs. Wilson and Hill, bacteriologists to the Brooklyn Department of Public Health, while investigating the foul-water supply of that city, discovered a new bacillus, which they have named bacillus emeriensis. In the early stage of existence, it is marked by a vivid spot of red. The discoverers have not, as yet, determined whether it is malignant or not.—*Am. Med.-Surg. Bull.*

**Relation of Fat Necrosis and the Pancreas.**—Dr. H. U. Williams, in a paper recently read, dealt more particularly with that form of fat necrosis associated with disease of the pancreas. This fat necrosis appeared in the fat on the surface of the pancreas and vicinity; similar nodules might be present in the fat of the peritoneum at points more remote, denominated disseminated or multiple fat necrosis. Peritonitis was not usually present. Dr. Williams had studied the pancreas in eighty dead subjects, and had found fat necrosis in only two. He had also examined the pancreas of one hundred hogs, and found fat

necrosis in the interlobular fat in two. He had also met with what appeared to be the same change in the adipose tissue of the cat, but not near the pancreas. In some instances the fat nodules had been found sterile. The bacillus coli communis was oftenest present. The author had published in the *Boston Medical and Surgical Journal* results of his experiments with tying the nerve plexus of the pancreas and injuring the organ with a hook, causing fat necrosis.—*Med. Rec.*

**Acetone in the Urine of Pregnant Patients as an Indication of Fetal Death.**—Knapp reports, from the German obstetrical clinic of Prague, ten cases of fetal death at various periods of gestation in which, upon the day of labor, acetone was found in the urine; this substance was also present during the three days following labor. Some of these patients were syphilitic, but the influence of syphilis upon the presence of acetone is not determined. Half of the cases reported had suffered from syphilis, or were syphilitic at the time of pregnancy. To ascertain the presence of acetone Jaksch's method was followed; this consists essentially in adding to the urine nitro-prusside of sodium, and then either caustic soda or potassa to alkaline reaction. Acetic acid is then dropped into the fluid until the characteristic purple or violet color develops.—*Pacific Medical Journal.*

#### DISEASES OF WOMEN AND CHILDREN.

**Ferratin in Amenorrhea.**—In a clinical report on the value of ferratin in anemic conditions, Dr. C. Earle Williams (*Amer. Therapist*, Aug., 1897) reports the following interesting case, typical of frequent occurrences in general practice:

T. P., age 19. Came under my treatment May 10th, 1897. She had not menstruated for five months. Her complexion was chlorotic, with large dark rings around the eyes. There was dyspnea and palpitation on the slightest exertion, constipation sometimes lasting seven days. Vaginous secretion was represented by frequent nose bleed. Blood count showed red cells 3,000,000; hemoglobin 52 per cent. She was placed on ferratin, gr. viij. four times daily with aloetic purges, combined with perfect rest. June 15th, great improvement in every way. Red cells 3,700,000 per ccm.; hemoglobin 65 per cent. The dose was increased to gr. xij. four times a day, unintermittingly

until August 1st, resulting in complete recovery. All the distressing symptoms had left; menstruation returned, quantity and quality good; red cells 4,600,000; hemoglobin 92 per cent.

Referring to purges, the author suggests the following combinations with ferratin:

1. Rx	Ferratini .....	3ij.
	Rad. rhei pulv.....	3iv.
	Sodii bicarb .....	3ij.
	Ol. feniculi .....	gtt. xxx.

M.

S. Take a teaspoonful in water, or dry into the mouth, and wash down with a draught of water or other liquid.

2. Rx	Ferratini .....	3ij.
	Extr. aloes .....	gr. xiv.
	Extr. rhei comp.....	gr. ix.

M.

S. Make into 30 tablets; take 1 or 2 tablets twice daily.

Dr. Williams's report, covering six varying cases in detail, is a practical paper of general interest.

**A Hairpin in a Child's Vagina.**—Krause (*Deutsche-Medical-Zeitung*), relates the case of a little girl, six years old, who for about two years had suffered with leucorrhea that resisted all internal treatment. When the child came under the author's care it was already much reduced by its sufferings. Local examination showed the presence of a hairpin in the vagina. It was removed with great difficulty under chloroform anaesthesia, and perfect recovery followed. It was ascertained that it had been inserted by a discharged servant girl two years before, for the purpose of revenge.

**Restlessness in Gastro-Intestinal Catarrh in Children.**—Dr. Wells has found the following prescription of great use in quieting the restlessness so often seen in infants affected with subacute or chronic gastro-intestinal catarrh:

Rx	Sulphonal .....	gr. ss.
	Sodium bromid.....	gr. ij.
	Spir. of peppermint.....	gtt. x
	Camphor-water .....	3j.

M.

S.

The dose should be repeated every two or three hours, according to indications. Occasionally, when the attack of restlessness is preceded by sour vomiting and pain, 5 to 10 grains of

sodium bicarbonate added to the above prescription will increase its usefulness.—*Philadelphia Polyclinic.*

**Diphtheria.**—Dr. Benjamin (*Jour. of the Am. Med. Ass.*), after ten years' trial of the following mixture, reports one hundred cases with one hundred recoveries:

Rx	Acidi acet. dilut.....	3ij.
	Potass. chlorat .....	3ss.
	Acidi carbol.,	
	Tinct. ferri chloridi .....	ââ gtt. v.
	Pulv. alum.....	gr. v.
	Acidi salicyl.....	gr. j.
	Glycerin,	
	Aq. rosæ.....	ââ 3ss.
	Aq .....	q. s., ad. 3iv.

#### M.

Sig. In severe cases have all the mucous membrane thoroughly sprayed through the nose and mouth at intervals of fifteen or twenty minutes, or even longer, about fifteen seconds at a time, the child bleeding as naturally as possible during the application.

**Antipyrine in the Treatment of Whooping-Cough.**—Le Goff (*Progrès Médical*) recommends the following formula:

Rx	Antipyrine .....	15 gr.
	Syrup of gooseberries .....	300 "
	Vichy water .....	1,200 "

#### M.

#### S.

Sig. A desertspoonful after each paroxysm, to be followed by a little milk or bouillon.

According to Le Goff, from fifteen to forty-five grains of antipyrine a day may be given to a child over two years old, and from six to fifteen grains to a younger child.—*N. Y. Med. Jour.*

## SURGERY.

**Cancer and its Treatment by Means of Pure Ferments.**—This was the title of a paper read by Dr. de Backer, of Paris, at the recent International Congress at Moscow. We have already given a certain number of old facts. There are many more we continue to follow at this very moment. How can we explain them? What is the action of ferments on tumors in general? Our first essays are inspired by the general idea of substituting a normal internal formation for what we have thought

was a pathologic formation. The success went beyond our hopes. We have obtained favorable results, of various duration, every time we have observed the characteristic reaction following the injection of our ferments. We have now to search the reason of these results. On the 5th of Nov., 1894, was read a note, the last that Dr. Verneuil read, in the name of M. Brault, and the most important facts that could be taken from the researches is that the proportion of glycogen found in a tumor is exactly in proportion to the greatness of its development. The pure ferments injected under the skin in the lymphatic parts, corresponding with the tumor, ferment in this very place and for this borrow of the neoplasma as much fermenting matter as possible, that is glycogen matter necessary to the neoplastic evolution. This one is certainly lessened, if not altogether stopped.

Thus we have, in fact, regularly observed how rapid could be the proliferation of the so-called anarchic cells. Has the final production of alcohol, in the rising state which our ferment cells have to produce, any power? We think so. To these effects we must add an abundant leucocytosis that always accompanies our injections. Is that favorable, too? Some experiments of Emmerich, of Munich, seem to demonstrate it as well as the therapeutic essays tried with some success by the erysipelatous inoculation.—*Furnished by Institute de Bibliographie.*

**Capital Operations Without Anesthesia.**—1. Patients with limbs so crushed as to require amputation, who are in good general condition, should be operated on at once. 2. Those who present evidences of severe shock and great loss of blood should be treated by external heat and stimulants, including the hypodermatic use of whiskey, digitalin, strychnine, and nitroglycerin, and the rectal injection of whiskey, strong coffee, and hot water. The crushed limb should be disinfected as completely as possible, and 6 to 1,000 saline solution of not less than two quarts for an adult be allowed to flow into a vein, this infusion to be repeated, if necessary, at intervals of a few hours, according to the effect produced. 3. If by these efforts complete reaction should be established, anesthesia and amputation should be proceeded with as in ordinary cases. 4. If, however, a moderate or doubtful reaction only should occur, the propriety of a rapid amputation without anesthesia should be seriously considered, if the consent of the patient be gained. 5. The complete disinfection of crush-

ed, lacerated, dirty, and infected limbs usually cannot be accomplished. 6. The sooner such limbs are removed, the better, provided the patient's life be not lost in the operation. 7. If, notwithstanding the vigorous treatment just mentioned, an amputation, either with or without anesthesia, be fraught with great risk, it is far better to disinfect as thoroughly as possible, drain well, pack all open spaces, and take the chance of infection, which in most doubtful cases is probably less than the risk of death from shock following operation.—BUCHANAN, *Med. Rec.*

**Anchoring the Kidney.**—Dr. R. Harvey Reed recently read a paper on this subject. He stated that hydronephrosis and pyonephrosis are of frequent occurrence, due often to closure of the ureters from a calculus or other obstruction which prevents the flow of urine. Hydronephrosis may exist for from ten to fifteen days without breaking down the substance of the kidney. A kidney absent from its natural position may be replaced sometimes by taxis, but it is liable to return to its former position. When this does occur we are justified in doing a radical operation. The speaker then showed by diagram the futility of attempting to replace a kidney in its natural position and hold it there by means of a tight bandage. The bandage could not be made tight enough to effect this object without interfering with the circulation; one could get only general and not local pressure by this means. He called attention to the objections made to the radical cure of floating kidney and showed pictures illustrating his method of anchoring. He uses the abdominal incision over the normal position of the kidney. The incision is made just large enough to introduce the fingers into the cavity and push the intestines to one side, so as to give a clear field for observation. A long curved needle with a strong handle, and armed with one thread of silk, kangaroo tendon, or other material, is passed through the upper border of the kidney between the eleventh and twelfth ribs and on through the muscular wall out to the back. The needle is unthreaded and withdrawn. The other end is threaded and introduced at a short distance from the point traversed by the first; the threads are then tied over a piece of gauze in a manner similar to the fastening of a staple stitch. The speaker thought that in going in through the lumbar region one would experience greater difficulty in introducing the needle. This was a radical operation rather than a palliative

one. The sutures were left in for from ten to fourteen days. In two instances it was his good fortune to be called upon to operate for ovarian trouble in patients on whom he had once performed this operation. One of these operations was formed at an interval of six months after the first operation, and the other at an interval of one and a half years. In both instances he found the kidney in the normal position, the same as the one on the other side. The speaker thought there were objections to the lumbar incision. One does not always find the kidney where it ought to be and is sometimes compelled to hunt for it. By the abdominal route a greater field for observation is obtained.—*Ex.*

#### ORTHOPEDIC SURGERY.

**Coxa Vara.**—Dr. Whitman presented to the New York Academy of Medicine a boy sixteen years of age, affected with bending of the neck of the femur of about twelve months' duration. He walked with a limp and eversion of the foot. The elevation and prominence of the trochanter were increased by flexion. Limitation of abduction, actual shortening of one-half an inch with marked apparent shortening from habitual adduction were all present. The treatment would be by removing the weight of the body from the weak femur by the use of a perineal crutch, massage, forcible stretching of the adductors and, if necessary, sub-trochanteric osteotomy. Bending of the neck of the femur was not due to general rickets or the rickets of adolescence, of which there were cases on record. There was, however, a weakness of adolescence which, under favorable conditions, caused his and similar deformities.—*Exchange.*

**Osteotomy for Inversion in Club-Foot.**—Dr. Townsend, at the request of Dr. V. P. Gibney, presented a girl five years of age to the New York Academy of Medicine, whose feet had been treated by Phelps operation, by braces and by building up the outer side of her shoes. On February 16, 1897, to correct inversion, subcutaneous osteotomy of both tibiae had been performed, and also right achillotomy. The lower fragments of the tibia were rotated outward and the limbs put in plaster-of-Paris. The inversion had been entirely corrected. Mr. R. L. Swan, of Dublin, who had described this operation after an experience in the treatment of twenty patients with good results, had said that rotation of the limb as the result of equino-varus,

and which persists after the latter is corrected, is due to trouble below the knee; that when these patients walk and attempt to toe out, they throw the entire limb out by rotation of the thigh and that the gait is awkward. The toeing is due to the fact that the entire leg is rotated in and the external malleolus is too far forwards. To overcome this he divides the tibiae only, rotating and bringing outwards the lower fragment, thus placing the external malleolus further forward as regards its relation with the internal malleolus.—*Med. Review of Reviews.*

**Clubhand.**—Monguidi (*Archivio di ortopedia*) describes two cases of this abnormality. The first was in an immature foetus, and an adequate anatomical examination was impossible. The hands were decidedly flexed, and there was radial abduction. There were no thumbs. On the right side the upper third of the radius was present; on the left the bone was wanting altogether. The second case was that of a child in whom the right radius and thumb, together with its metacarpal bone, were wanting. The index finger was a boneless appendage to the middle finger. The carpal bones of the first row were cartilaginous; of those of the second, the os magnum, the unciform, and the trapezoid were present. The biceps was inserted partly into the ulna and partly into the flexor digitorum profundus. Each flexor digitorum had only three tendons. There was no radial artery, and the radial nerve was lost in the muscles of the forearm. The hand was in the attitude in which it is generally found in such cases. On the left side the hand was excessively flexed, and the thumb was only a cutaneous appendage. The second and third joints of the index, ring, and little fingers were lacking, and the middle finger showed an angular constriction. The lower epiphysis of the radius was wanting, and into the formation of the wrist joint entered only the ulna and the semi-lunar and cuneiform bones. The trapezium was absent from the second row.—*N. Y. Med. Jour.*

**Pes Cavus.**—The treatment consists in division of the plantar fascia, after which extension should not be made for three or four weeks, as cicatricial thickening and pain are thereby avoided. The best apparatus for after-use is a tin shoe with a divided sole plate, so arranged that the front part of the foot may be uplifted and brought into the same horizontal plane as the heel. The raising of the front part should be done grad-

ually, as some pain incidental to the rapid method is thereby avoided. If there remain much rigidity of the tissues afterward, a second operation is advisable; or considerable relaxation of the fascia may be obtained by soaking the foot in hot water containing bicarbonate of sodium, afterward manipulating it freely and stretching the sole. The relief afforded by this simple operation of section of the plantar fascia is very considerable indeed.—DR. TUBBY, *The Clinical Journal*.

#### DERMATOLOGY AND SYPHILOLOGY.

##### A Skin Lesion Occurring with Gonorrhreal Septicemia.

—Dr. Robert T. Morris, at a recent meeting, exhibited photographs and made a report of the following case: The patient, a man of twenty-five years, had contracted gonorrhea in July, 1895. This had been followed by stricture and gleet. He had developed gonorrhreal septicemia in the following year. Shortly after this had begun, one joint after another had become involved, and in about three weeks skin lesions had appeared on the lower part of the leg, forearms and feet. These had consisted of round "craters," involving apparently the whole thickness of the true skin, and giving to it a punctured appearance. This had been surrounded by an area of hypertrophic and reddened skin. In the next year these lesions had increased to fifteen in number. In October, 1896, the patient had been in bad condition. At that time the speaker had divided the stricture, and had made deep injections of nitrate of silver into the urethra. Very shortly after that the skin lesions and the evidence of gonorrhreal septicemia had begun to disappear. At the present time there was no arthritis; he had gained about twenty pounds, and all but one of the skin lesions had completely healed. Scrapings had been taken from the skin lesions while they had been in process of healing, but examination had failed to show any gonococci.—*New York Med. Jour.*

**Hairy Nevus Treated by the Roentgen Rays.**—Leopold Freund (*Wien. med. Woch.*) reports results obtained from the treatment of a pigmented and hairy nevus reaching from the nape of the neck down almost to the fold of the nates, and extending over the whole back, the sides of the thorax, the shoulders and the upper half of the right arm. The back was exposed to the rays for two hours every morning at a distance of

four inches from the tube, the cathode rays being employed. For ten days no effect was produced, but on the eleventh the hairs began to fall out in bundles; and this continued to an increasing extent for eight days, when a slight dermatitis appeared, which soon yielded under the use of ichthyol. By this time the neck and inter-scapular space had become quite bald. The actual cause of the falling out of the hairs appears to have been a slight inflammatory change, followed by atrophy of the follicles. No attempt at regeneration had taken place within six weeks.

The *Lancet-Clinic* gives this account, which we have seen in a number of American and foreign medical journals. We have also seen the later account, in which those who experimented on the lines outlined above state that it is dangerous practice, from the fact that deep changes in the tissues occur, brought on probably by the ultra-violet rays, which prove exceedingly destructive. As a depilatory, therefore, the X-ray should be carefully avoided until some method of rendering it innocuous is found.

**Cacodylic Acid in Psoriasis.**—Dr. Hr. Danlos (*Thera. Woch.*) gives the particulars of the treatment of a case of psoriasis with a mixture made as follows:

Cacodylic acid .....	2.5 gme.
Rum .....	20 gme.
Syrup orange-peel .....	20 gme.
Oil peppermint .....	2 drops.
Distilled water .....	60 gme.

Before beginning the treatment, almost the entire skin was found to be affected with psoriasis in a very advanced degree, and which had resisted all treatment for almost eight years. The use of the above mixture in quantities of six teaspoonfuls daily, however, and without any other form of treatment, caused the disease to yield. The succeeding recurrences became less frequent and less violent, the redness abated, the scales fell off, and the thickening of the skin visibly declined. The alleviation began from above and went downward; and after three weeks' treatment the quantity of the mixture was reduced to four teaspoonfuls daily. Beyond a garlicky odor of the breath and a slight intolerance of the stomach toward the remedy at the end of the third week, the treatment was attended by no untoward phenomena.—*Am. Med.-Surg. Bull.*

**To Cut Short an Eruption of Herpes.**—According to the *N. Y. Med. Jour.*, in the *Jour. des Praticiens* for June 26, M. Leloir is cited as being of the opinion that it is possible to arrest the evolution of herpes by applying to the affected surface as soon as the initial redness shows itself a pledget of absorbent cotton soaked in a 1-to-50 alcoholic solution of resorcin, a 1-per-cent. solution of thymol, a 3-per-cent. solution of menthol, a 1-to-400 solution of carbolic acid, a 1-to-50 solution of tannin, or the following:

R	Resorcin.....	3 parts.
	Cocaine .....	1 or 2 parts.
	Alcohol.....	100 parts.

The cotton should be covered with an impermeable tissue to prevent evaporation.—*Am. Med.-Surg. Bull.*

We have employed an analogous preparation, and found it most effective in herpes progenitalis, one of the most trying and annoying affections which occur about the genitalia.

#### GENITO-URINARY DISEASES.

**The Treatment of Nephritis with Antipyrin.**—Modinus says (*Gaz. degli ospedali*) it is not yet determined whether the various forms of nephritis are distinct diseases or variations of the same disease. Though the causes are various, the general conclusion that all cases of true nephritis are due to bacterial infection seems warranted. The multiplicity of remedies employed furnishes the most palpable evidence of the uncertainty that obtains as regards the etiology of the disease. Not one of them—tannin, sodium tannate, gallic acid, salts of lead, potassium iodid, salts of strontium, fuchsin, methylin blue, tincture of cantharides, etc.—has gained the general verdict of possessing any pre-eminent degree of efficaciousness. In the treatment of the various forms of nephritis we must endeavor above everything to stimulate the action of the kidneys, and, furthermore, to check the development of toxic products, and to neutralize the toxins already evolved.

For accomplishing the first two ends, a milk diet is best suited; for the neutralization of the toxic products contained in the urine, the author recommends antipyrin as the suitable remedy. After many experiments with this drug, he has found it useful in most varieties of nephritis, whether acute or subacute, pri-

mary or secondary, and also in nephritis of the postmalarial type. He gives from twelve to twenty grains daily in divided doses. Under this treatment the quantity of albumin in the urine was found to diminish, and, in a remarkably short time, to disappear altogether, together with the symptoms of renal intoxication.—*Med. News.*

**Iodo-Mercurial Treatment of Nephritis.**—Dr. D. Campbell Black, of Glasgow, has used (*Sem. Méd.*), with excellent results, a mixture made as follows, in fourteen cases of acute or subacute Bright's disease:

R	Mercury bichloride .....	0.06-	0.2 gme.
	Potassium iodide .....	4	-12 gme.
	Syrup .....		30 gme.
	Infusion gentian .....		210 gme.

Dose—Three tablespoonfuls daily.

This mixture appeared to relieve powerfully the renal congestion, and to bring about the gradual disappearance of the albuminuria and other symptoms of Bright's disease.—*Am. Med.-Surg. Bull.*

**Fracture of the Penis.**—A man in a very drunken state had a powerful erection, and without any cause or reason known to himself he with both hands bent it forcibly backward. He was conscious of something giving way, and awakened with the pain. The erection subsided after a time, and the pain also, but he was very much surprised in the morning by the enormous dimensions the organ had assumed, and its color. He therefore hastened to the hospital. With the exception of the glans the organ was swollen and of a dark violet color. On the dorsum was a painful thickening, when the surgeon suspected a rupture of the corpus cavernosum had taken place. The treatment consisted of rest in bed, cold compresses and lead lotion, and in fourteen days the normal color had returned, although the thickening remained almost unchanged. In six weeks the patient showed that, although a slight thickening still remained, no lasting injury had been sustained.—*Deutsche Med. Zeit.*—*N. E. Medical Monthly.*

**Is it Ever Impossible to Pass a Catheter through the Urethra into the Bladder?**—Dr. Buckston Brown discussed this question before the Harveian Society at a meeting held April 1st. He thought that it was never impossible to pass an instrument, even in the worst cases of stricture of the urethra, unless

the urethra had in some part of its course actually ceased to exist. If an instrument was once passed, the case could be brought to a successful issue without any perineal incision, and, that being so, the patient was saved all the risks of hemorrhage, and that terrible misfortune a perineal fistula. In the most severe cases of prostatic enlargement the urethra was simply tortuous. The difficulties were fully described, and instruments were shown by which they could all be overcome. In no prostatic case was it allowed that the urethra was impassable by instruments, and therefore there was rarely any real need for any form of prostatectomy or for castration. All the other forms of urethral obstruction were discussed, and the question which formed the title of the paper was answered emphatically in the negative.—*Med. Rec.*

**Hernia Testis.**—At the late meeting of the American Genito-Urinary Association, Dr. G. W. Allen made a report of a case of hernia testis.

J. C., twenty years of age, came to the Boston Dispensary on February 20, 1897, with a long-continued gleet and what appeared to be an ordinary epididymitis of three weeks' duration. Four days later a prominent swelling, as large as a hazel nut, was seen over the front of the testicle. It was conical in shape, and the overlying skin appeared tense and thin. It resembled a tubercular abscess of the epididymis. Upon incision there was a very slight flow of thin pus and a bulging out of soft, yellowish-gray, spongy tissue, which suggested testicle and proved to be such. Some sloughing of the testicle and skin continued, and the former gradually protruded more and more for two or three weeks, by which time the sloughing tissue had separated and a very slow process of repair had set in, which, however, is not yet complete. The incision was enlarged, and several unsuccessful attempts made to cover over the testicle with sound skin. The cavity of the tunica vaginalis gradually filled up with granulations, and there is now a simple granulating surface, as large as a five-cent piece, with a small area of testicle in the centre. A month after the patient's first visit a sore appeared on the prepuce which became indurated in due time, and was followed by a secondary roseola. This apparently excludes syphilis as a cause of the orchitis. No evidence of tuberculosis could be discovered.—*Boston Med. & Surg. Jour.*

## PROCTOLOGY.

**Rectoscopy.**—Finding that metal tubes 15 to 40 cm. in length could be safely introduced into the rectum, S. v. Federoff has invented a rectoscope on the principles of the esophagoscope, but separate from the light, 2 to 2.5 cm. in diameter, with a rubber obturator, the patient in the lithotomy or knee-elbow position. Inserted gently it can be worked up into the flexura sigmoidea as far as the mesosigmaoideum will allow, which varies in different persons. Photographs, of the rectum can be taken through this rectoscope, and carcinoma can be differentiated with it alone, while it is also valuable for other obvious purposes.—*Jour. Am. Med. Ass.*

**Concerning Fecal Tumors.** — Professor Hoffmolskly, of Vienna (*Wien med. Woch ref. Inter. Med. Mag.*), criticises Gersung's article in which he describes the Klebe-symptom. As he has never been able to elicit it, he concludes that it only occurs in special instances, especially where hypertrophy of the wall of the bowel gives rise to certain degrees of rigidity. A more important symptom is perhaps the indentibility of the tumor, a condition that can be elicited satisfactorily only in anesthesia, on account of the extreme tenderness of the abdominal wall. This symptom, however, can be easily made out in pregnant women with fecal impaction through the posterior vaginal wall. Hoffmolskly reports two cases in which the diagnosis was only made after laparotomy had been performed, in both of which recovery ensued after treatment by massage and enemata.—*Am. Med.-Surg. Bull.*

## OPHTHALMOLOGY.

**Ocular Complications of Typhoid Fever.**—Bull enumerates the lesions in the order of frequency:

1. Conjunctivitis. This is of the catarrhal type, with little or no secretion. It is very common.
2. Phlyctenular conjunctivitis and keratitis. Not an uncommon accompaniment or sequel of typhoid.
3. Loss of accommodation and dilatation of the pupil. Due to the general asthenic condition of the patient.
4. Retinal hemorrhages. The ordinary forms are of the punctate, linear, or flame-shaped variety, and occur usually during

the third week. They do not form the subject of complaint, unless they occur at the macula, where they interfere markedly with vision. Bull assumes the retinal hemorrhages to be due to "diapedesis," resulting from a relaxation of the walls of the blood-vessels, through which the blood-corpuscles escape.

5. Paralysis of external muscles. The muscle-palsies appear during convalescence, and even long after. These are due, according to some authorities, to a chronic nephritis. Others regard these as due directly to a neuritis, caused by the typhoid poison.

6. Neuroretinitis or retrobulbar neuritis. A rare complication, and supposed to be a more or less circumscribed meningitis at the base of the brain. This may subside, leaving a moderate impairment of vision, but is more apt to leave an atrophy of the optic nerve.

7. Inflammation of the uveal tract. Iritis, cyclitis, and choroiditis, both serous and plastic (never purulent), are occasionally met with during the height of the disease. Cataract may develop.—*North American Practitioner.*

**Obstruction of the Lachrymal Duct in New-Born Children.** — Landolt (*Ann. de Gyn. et d'Obstet.*, condensed in *Brit. Med. Jour.*) finds that this condition is not rare, and is often overlooked till much harm is done. The affection should be suspected whenever there appears to be conjunctivitis in one eye only a day or two after birth. The conjunctiva itself is not infrequently cured, so to speak, by appropriate lotions. The obstetrician, mistaking a complication or result for a primary disease, finds to his surprise that the eye continues to water, the lids becoming glued together, and a drop of pus often exudes from the inner canthus. This condition is yet more alarming in certain cases where no conjunctivitis has been observed. It looks like the beginning of a purulent ophthalmia. Landolt lays down as a rule that obstinate unilateral lachrymation in a new-born child usually signifies obstruction of the tear-duct. As an ophthalmic surgeon, he advocates sounding of the duct with a fine probe; on no account should the canaliculus be slit up. Afterward weak antiseptic lotions must be injected into the duct by means of Anel's syringe; the infant must be turned on its face directly afterward lest any of the lotion be swallowed.—*Am. Med.-Surg. Bull.*

## DISEASES OF THE NOSE, THROAT AND EARS.

**Importance of the Microscope in Obscure Diseases of the Throat.**—Dr. Knight (*Med. News*) reports three cases of obscure disease of the larynx in which a microscopical examination of the growth disproved the clinical history. He then concludes his report:

" My object in briefly reporting these three cases is first to call renewed attention to the difficulty of making a diagnosis from the clinical history and the objective appearances, and to insist upon the importance of the microscope as an diagnostic adjuvant even in apparently innocent cases; in the second place, to remind you of the possible concurrence of several pathologic conditions; and, finally, to protest against indiscriminate operating in malignant disease of the larynx."

**Reflex Influence of Nasal Spurs.**—The general practitioner should examine the nose of every patient who comes to him for a persistent cough, for asthmatic trouble or for defective hearing. The removal of these anomalies is often followed by the clearing up of some apparently unconnected trouble.

Dr. Lockwood (*N. Y. Med. Jour.*) records many interesting intranasal reflexes in which the symptoms arising from large septal spurs simulated those of cardiac and pulmonary disease or complicated these conditions. He argues that these diseases predispose to obstructive lesions in the nose, and that these latter react and increase the cardiac or respiratory embarrassment. Gratifying results were reported in such cases by operation.

Dr. Campbell, in the *American Lancet* of 1888, reports some stubborn cases of chronic bronchitis which were inadvertently cured by the removal of septal spurs. Two cases of obscure origin, and commencing in the nose, recently under my care, warrant notice here.

Dr. Parker (*N. Y. Med. Jour.*): " Attacks of hay fever are oftenest relieved by operations on the nasal septum. Recently the reflex coughs of nasal origin have attracted considerable notice, and spurs of the septum are most often mentioned as causes. In the obstinate coughs following la grippe I have had success from intranasal operations when all other treatment had failed. Such coughs were characterized by an absence of the usual pulmonary symptoms, as fever and malaise, and, further, by being spasmodic and persistent.

"The correctness of one's diagnosis in all of these reflex symptoms of suspected nasal origin unfortunately, however, can only be proved by the success following the removal of the growth, and hence we cannot encourage our patients in many cases with any definite expectation of relief. The removal of septal spurs with a good nasal saw is, however, such a simple and satisfactory proceeding that the operation should always be done when there is a reasonable chance that the spur may be the reflex or mechanical source of any persistent or stubborn disease or disturbance in the respiratory tract."

**Acute Rhinitis.**—Clement F. Thiesen, M.D., recommends the following formula for acute rhinitis (*Albany Medical Annals*):

Rx	Sodii bicarb,	
	Sodii baborat.....	āā 06 gr. j.
	Amyl.....	02 gr. $\frac{1}{3}$
	Acaciae .....	3 gr. iv.
	Nosophen.....	q. s., ad. 15 $3\frac{1}{2}$ .

M.

The nose is first cleaned with Siler's solution, and afterwards three grains of the powder snuffed into each nostril, this to be repeated one to three times daily, according to symptoms.

**Atropine Not a Respiratory Stimulant.**—Unverricht denies the generally-accepted doctrine that atropine stimulates the respiratory function, and asserts that his investigations prove that morphine and atropine do not antagonize one another in their action upon respiration. Atropine can induce Cheyne-Stokes breathing, which is not regarded as an evidence of respiratory stimulation. His experiments show that the action of the drug on respiration is essentially depressing, and that in three cases of poisoning the only symptom which caused any anxiety was the profound disturbance of the mechanism of respiration.—*Brit. Med. Jour.*

**Otitis-Media Demanding Paracentesis.**—Dr. McAuliffe (*Med. Record*) says: In acute middle-ear catarrh demanding paracentesis, the canal and drum should be thoroughly cleansed of cerumen (which in normal ears has often been found to be the resting-place of the staphylococcus), and carefully bathed with an antiseptic fluid; the knife should be dipped in alcohol and the incision made in the drum, a narrow strip of gauze carried up the

canal almost its length, and the loose dressing applied in the concha, covered by a piece of American skin plaster, which is transparent, thereby allowing inspection of the gauze without removal. If there is not much secretion the dressing should be renewed perhaps once or twice a day, without any other interference. In a few days the site of the paracentesis will be indicated by a simple blood clot. The drum will be without evidence of inflammation.

F. M. R.

#### TERATOLOGY.

**Transposition of all the Organs of the Body.**—Dr. Geo. H. Rose writes to the *Va. Med. Semi-Monthly*.

The following case is so unusual, that I am sure its report will interest the profession:

On July 9, 1897, assisted by Dr. Kirkland Ruffin, of this city, I held an autopsy upon the remains of Miss S. T., which showed all the organs of her body transposed. The heart was on the right side, liver on the left, stomach and spleen on the right, ascending colon and vermiform appendix on the left, etc.

The cause of death was cirrhosis of the liver and kidneys. The liver was thickened, but contracted from before backward; the spleen enlarged, extending from beneath the ribs well down into the pelvis on the right side, and weighing about four and a half pounds. The enlarged spleen, situated as it was on the right side, felt very much like an enlarged liver. Up to three years of her death, Miss S. T. enjoyed remarkable health, so much so that she used to boast that she had never spent ten dollars for medicine. At the time of her death she was over sixty years of age.

**Case of Supernumerary Breast.**—W. Anderson, M.B., C.M., Edin., reports the following case:

Mrs. H., aged 25, a healthy young woman, came to the hospital on April 21st, 1897, complaining of a lump under the right arm which she feared "might turn to something." She first noticed the lump six years ago; it was at that time about the size of a pea.

She has been married five years, and has had three children. At each pregnancy the lump under the arm swelled and discharged a thin watery fluid, and at each period of lactation

milky fluid exuded. There has never been any pain in the lump. On examination it was noticed that the patient was still nursing her baby, both breasts being functionally active. The right breast, however, was a good deal smaller than the left. Just in the position of the anterior axillary fold, beneath the right arm, there could be seen and felt an irregularly lobulated, rounded, moderately-firm swelling, about the size of a large walnut. On the skin over this swelling there was a miniature nipple about the size of a large pin's head, and on squeezing the lump milk was easily expressed from an orifice at the summit of the nipple. This milk, when examined under the microscope, presented the usual appearances of the normal lacteal emulsions. The patient stated that when suckling the child a small amount of milk always escaped from the lump under the arm. No continuity of breast structure was perceptible to the hand between the right breast and the supernumerary organ.

No operative interference was recommended unless the supernumerary breast should give further trouble.—*Australasian Med. Gaz.*

**Webbed Fingers.**—Dr. Johnson presented, before the Society of Alumni of Bellevue Hospital, a case of bilateral webbed fingers in a boy of five years. There had been no family history of congenital deformities. On the right hand, the little finger for one-half its length had been united to the ring finger by a thin web of skin, and the index and middle fingers had been in the same condition. The middle and ring fingers had been firmly united throughout their entire length, and the skin of the palmar surface had showed no furrow. The finger tips had showed only a slight sign of division, and the finger nails had been continuous, forming one broad nail. The thumb had been free. The second and third phalanges of the middle and ring fingers had been partly flexed, and could not be completely extended. On February 10th he had operated by very freely splitting the tissues down to the normal limit, and then applying Thiersch skin grafts to the raw surfaces. The hand had been put on a palmar splint. Healing had been perfect except for a spot in the angle between two of the fingers. The result promised to be very satisfactory.—*Med. Rec.*

## NEUROLOGY.

**Chorea Minor.**—Use the following as a sedative and anti-spasmodic for children from five to ten years:

Rx Lactophenini .....	0.15.
Quinin. hydrobrom .....	0.15.
M. Ft. chart. tales No. X.	
Sig. Take one powder three times daily.	

For children of ten to fifteen years of age, use:

Rx Lactophenini .....	0.8.
Quinin. hydrobrom .....	0.8.
Butyr. cacao .....	10.0.
M. Ft. suppos. tales No. V.	
Sig. Use the one suppository at bed-time.	

—From "Practical Notes" in *Pediatrics*, p. 219, Sept. 1st, 1897.

**A New Sign of Phrenic Neuralgia.**—Before the Paris Société médicale des hôpitaux, at its meeting of July 30th (*Journal des praticiens*), M. Jousset insisted upon the existence of a constant painful point situated precisely in the median line of the sternum, at the level of the fourth or fifth chondro-sternal articulation. It should not be confounded, he said, with the diffuse retrosternal pain observed by Peter in chronic affections of the aorta. The point was of importance, absolutely decisive, in cases in which one was in doubt whether to refer an epigastric pain to the diaphragm, the gall bladder, the stomach, the abdominal wall, or the intercostal nerves.—*N. Y. Med. Jour.*

**Some General Principles that Should Govern Operations for Otitic Brain Disease.**—Green (*Boston Medical and Surgical Journal*) includes among otitic brain diseases external pachymeningitis with extradural abscess, leptomeningitis or arachnitis, encephalitis or brain abscess, and phlebitis and thrombosis of the sinuses and the jugular vein; all caused by infections from the ear, the microbes being the same varieties as are found in the suppurating ear cavities, chiefly streptococci, staphylococci and pneumococci. In cases of otitic brain disease early operation is advisable, but an early exact diagnosis is often impossible. The chances are seventy-nine in a hundred that a fistula through the bone from the ear will lead directly to the brain abscess disease. The infected ear requires operation in any case, and this operation can be combined with an exploration for the bony fistula and the recognition and treatment of the brain disease.—*Jour. Am. Med. Ass.*

**The Superiority of Lactophenin Over Phenacetin.**—George Thompson, of St. Louis, extols the merits of lactophenin, which, as is well known, is a coal-tar product, a definite chemical body, differing from phenacetin in that lactic acid replaces acetic acid. The substitution of lactic acid seems to overcome almost entirely the possibility of cardiac depression or the conversion of haemoglobin into methaemoglobin, an attribute only too frequently met with in antipyrin, acetanilid, and phenacetin. At the same time, lactophenin possesses every desirable property of phenacetin, with the additional one that, lacking the usual untoward properties of this body, it may be given, if necessary, in largely increased doses with impunity, and will reduce a hyperpyrexia of nervous origin which resists all other antipyretics. As an analgesic it is equal, according to the author, to the best pain-reliever in the *materia medica*, and it may be given with confidence in neuralgia from any cause other than traumatic. Neuralgia is a condition subject to recurrence and should never be relieved by any agent liable to cause a drug habit by repetition. Besides, as an anodyne, morphine is greatly overestimated by the profession, even in the treatment of traumatic and colicky pains. He does not mean to advocate any coal-tar product as an anodyne in this class of pain, because herein is the peculiar realm of morphine; but for any form of neuralgia—whether malarial, rheumatic or dyspeptic, or whatever the cause may be other than traumatism or active inflammation—lactophenin, he states, will be found safe and satisfactory. The author relates several cases in support of his opinion that lactophenin is greatly superior to phenacetin and other members of the coal-tar group of antipyretics and analgesics.—*Tri-State Medical Journal*, May, 1897; *Universal Medical Journal*, p. 244, August, 1897.

#### MEDICO-LEGAL.

**The X-Ray in Court.**—A Chicago judge has recently decided that the X-ray is not competent evidence, and has excluded it from his court as testimony. This seems strange, in view of the fact that on two occasions in New York and once in Ohio, this agent has been admitted to be proper evidence.

In the case in question, a man employed in a printing office was injured about the ankle by a piece of machinery falling on it. He brought suit for damages, claiming the leg had been

crushed. It would seem as if this was a very good case for the machinations of the ray. The injury might have been confined to the soft parts or involved the bones also.

The whole incident clearly shows the great difference between law and medicine. The former is governed by precedent, and seems centuries behind its sister profession. The doctor is at liberty to take advantage of each new development or discovery, and is quick to do so. The lawyer has to grope in the musty records of the past and ascertain what Blackstone, or Coke, or Lord Mansfield thought, or wrote, before he can make use of his knowledge.—*Railway Surgeon.*

**Admissible Evidence of Previous Condition.**—A physician who had treated the plaintiff some three or four years before she was injured by an accident, and who had seen her somewhere from six months to two years prior to the happening of the accident, should be allowed to testify as to her physical condition prior to the happening of the accident. So holds the appellate division of the supreme court of New York, in *Loudoun v. Eighth Avenue Railroad Company*. The testimony, it says, being as to knowledge obtained in regard to the party's condition within a period of from six months to two years prior to the happening of the accident, was not so remote but that it formed some basis for comparison between her condition then and that which he exhibited at the time of the examination before the trial.—*Jour. A. M. A.*

**Death by Poison.**—A man, feeling slightly ill, went into a drug store in Detroit, and asked the proprietor to give him something to relieve the pain, and the proprietor, by mistake, gave him some aqua ammonia. It burned his mouth very severely, but he lived some fifteen days thereafter, when he died from the effects of the potion taken. The supreme court of Michigan holds that, under the circumstances, it was "death by poison," in contradiction to the contention that it was a death from shock experienced when it was discovered that something wrong had been taken. (*Early v. Standard Life and Accident Insurance Company*). The fact that the poison was accidentally administered, supposing it to be another substance, the court further holds, could not take the case out of, but rather brought it within the exception in a policy of accident insurance excepting from its provisions death from poison.—*Jour. A. M. A.*

## BOOK REVIEWS.

**The American Academy of Railway Surgeons.** Report of the Third Annual Meeting, Held at Chicago, Ill., September 23, 24 and 25, 1896. Edited by R. HARVEY REED, M.D., Columbus, Ohio. 8vo., pp. 282. [Chicago: American Medical Association Press. 1897.]

The present volume is indeed a most excellent one, and is a decided improvement upon its predecessors both in the quantity and quality of its contents. The papers which are given are certainly above the average, and this would be naturally expected when we take into consideration the members of the American Academy of Railway Surgeons. They are prominent in medical circles, and are all men who have made their mark in railway surgery. Among the members on the roll we see such familiar names as those of Drs. James E. Pilcher, U.S.A., A. D. Bevans, Geo. Chaffee, Le Roy Dibble, J. D. Griffith, L. E. Lemen, Henry McHatton, Truman Miller, D. R. Mussey, R. Harvey Reed, W. E. Andrews, and many others whom want of space forbids us to mention.

The work is all good, and bespeaks a seriousness of purpose which is evident upon its face. The volume is made much more valuable by the fact that the editor has very wisely grouped the papers according to the subjects treated of in the various papers. We desire to say that we are very much in favor of printing transactions of the nature of those before us in book form, as they are more interesting and available than if they were run through a year in a journal specially constructed for that purpose. The transactions before us have already appeared in the *Journal of the American Medical Association*, but gain an added value in their present book form. We congratulate the Academy and the editor upon the handsome appearance of this valuable volume of transactions.

**Transactions of the Medical Society of the State of New York for the Year 1897.** 8vo., pp. 584. [Published by the Society. 1897.]

This is, beyond doubt, one of the best volumes of Transactions so far issued by the Medical Society of the State of New York. The discussion on the "Relation of Impure Water to Disease, and the Cure and Prevention of the Latter," is a most valuable symposium, embracing no less than twelve separate papers, which cover the whole subject in a most interesting manner, and occupying altogether no less than 104 pages. In the same volume we are presented with another symposium, entitled "Obstetrical

Discussion," there being five excellent papers by as many authors on obstetrical subjects of the highest interest.

We certainly cannot pass all the 46 papers which appear in review, as we have not the space at our disposal. The papers are certainly all most excellent, and a great deal above the ordinary standard of excellence. Among those to which we desire to call particular attention are: "Strophanthus, a Clinical Study," by Reynold W. Wilcox; "Erythromelalgia, Associated with Raynaud's Disease," by Henry L. Elsner; and "Double Intestinal Anastomosis with Murphy Buttons, with Report of a Successful Case," by James H. Glass.

A most thorough and well-illustrated paper is that on the "Management of Club-Foot, and the Results of the Open Incision Operation in 538 Cases; also a Report of Three Cases Treated by Interrupted Traction for Two, Twelve and Fourteen Years Respectively Nine Times a Day," by A. M. Phelps. No less well illustrated and interesting is the concluding paper of the volume on "Posture in the Diagnosis of Disease," by Reginald H. Sayre.

The volume is a handsome one, uniform in appearance with preceding ones, and in Dorman's best style, which is certainly saying much for it. Tastefully bound, with gilt top, printed on excellent paper, it is fit to grace the shelves of the most select and fastidious medical library. No small degree of praise is due to the secretary, Dr. Frederic C. Curtis, of Albany, for his efficient work in bringing about the completion of this handsome volume so soon after the adjournment of the meeting.

**A Text-Book of Diseases of Women.** By CHARLES B. PENROSE, M.D., Ph.D. 8vo., pp. 529. Illustrated. [Philadelphia: W. B. Saunders, 1897. St. Louis: The W. T. Keener Co., 404 N. 8th St. Price, \$3.50 net.

We have but one objection to enter against this book—what there is, is so excellent that we would fain have liked to see more. The author is the well-known Professor of Gynecology in the University of Pennsylvania, and this work does him and the school great credit. It is a book which is thoroughly up to date. No antiquated ideas are permitted to obtrude themselves on the reader, and everything which is given is practical, up to date and modern. It cannot fail being of the highest value not only to students in medicine but to practitioners as well.

The work does not deal with anatomy to any particular degree, but where this is necessary it is given in detail such as will prove most serviceable to the reader. Another point which the author makes is not to recommend a multiplicity of methods for the treatment of any one condition. He describes one good method and, to our view of thinking, very rightfully argues that a good method which is well learned is much superior to a

number but imperfectly understood. To some this may seem dogmatic, but a little reflection will show that it is simply furnishing a solid basis upon which to work.

A particularly commendable feature is the elaboration of the technique in celiotomy and other important operations involving the ovaries and uterus. It is in the minor details that many physicians are woefully lacking and it is these very lacunæ which are filled by the author.

The book before us recommends itself at first sight. The first reading awakens a renewed interest in the subjects of which it treats; and its study makes everything so clear and comprehensible that it inspires the physician with confidence, and he is not only ready but rendered competent to treat female diseases where he would not have been so before studying the volume.

The type, paper, binding and press work are magnificent, the illustrations are superior, and the price so reasonable as to place it within reach of every physician who ought to possess himself of a copy.

**Tuberculosis of the Genito-Urinary Organs, Male and Female.** By N. SENN, M.D., Ph.D., LL.D. 8vo., pp. 317. Illustrated. [Philadelphia: W. B. Saunders. 1897. St. Louis: The W. T. Keener Co., 404 N. 8th St. Price, \$3.00 net.

We have always been of the opinion and we have repeatedly expressed ourselves to the effect that any book written by Nicholas Senn is not only good but of superior merit. In presenting the above work to the medical profession he has not only done it a real service but he has, in every sense of the word, filled a long-felt want. It is true that a number of isolated articles have appeared from time to time on different phases of the subject, but he undertook to write a systematic treatise on the subject, and, as usual, he has succeeded beyond all expectations.

We have been anxiously looking forward to the issuance of the work, and we have been in no wise disappointed in it now that it has appeared. It is certainly as complete as it could possibly be expected to be. As the author very frankly admits, there is but one point which can be said to be weak—the therapeutics which, up to this day, unfortunately for the victims of this particular localization of the process has not yet attained to that degree of success which could be desired.

In the book before us every organ and portion of both the male and female genito-urinary systems are passed in review, and the forms of tuberculosis affecting them are thoroughly described. Whilst the author gives a very large mass of information acquired in his practice, he also gives a most complete summary of what other competent observers have found.

In fact, he has succeeded in presenting a most thorough, complete, and systematic review of the entire subject. The diagnostic and pathologic portions are particularly valuable and the book is certainly destined to become a classic.

The illustrations and plates which are given are numerous and extremely well executed. The type is large and easily read, and the entire mechanical execution so superior that it invites one to read this extremely valuable treatise. We can hardly enter into an analytic review of the book as lack of space forbids us to do so. Of one thing, however, we are certain. No surgeon, andrologist or gynecologist will be without it in his library, and the reason therefor is very plain—he cannot afford to be without it.

We are more than pleased with this magisterial work and cannot recommend it too highly. It is scientific, practical, interesting and instructive. More we cannot say. Obtain a copy and read and study it and you will certainly agree with us.

**The Diseases of Women. A Handbook for Students and Practitioners.** By J. BLAND SUTTON, F.R.C.S., Eng., and ARTHUR E. GILES, M.D., B.Sc., Lond., F.R.C.S., Eng. Small 8vo., pp. 436. With 115 Illustrations. [Philadelphia: W. B. Saunders. 1897. St. Louis: The W. T. Keener Co., 404 N. 8th St. Price, \$2.50 net.

This is a very good and comprehensive handbook of gynecology. Beginning with the anatomy and physiology of the female reproductive organs the authors proceed to describe the proper methods of examination. Then comes a consideration of the diseases of the external genitalia of the uterus, ovaries, etc., summarized in a very clear and perspicuous manner. In dealing with the various pathological conditions very good outlines of the proper methods of treatment are given. No attempt has been made to elaborate the major gynecological operations as the authors, no doubt, wisely concluded that such properly belonged to the domain of larger and more elaborate works on gynecology. What is given, however, is most excellent, and such as we would naturally expect of the surgeon to the Chelsea Hospital and his assistant. In fact, we could hardly expect J. Bland Sutton to write a work inferior in any respect.

The authors do not seem to be very enthusiastic supporters of the use of pessaries in the treatment of flexions of the uterus. In fact, like all English surgeons, they are inclined to be conservative in their views. The work taken as a whole is an excellent epitome of the subject of woman's diseases and is a handbook which will prove of the highest value to students. The illustrations are excellent and demonstrative and the text concise and correct. We can heartily commend it.

## LITERARY NOTES.

**Books Received.**—The following books have been received during the past month and are reviewed in the present issue of the JOURNAL:

Transactions of the Medical Society of the State of New York, for the year 1897. 8vo., pp. 584. [Published by the Society. 1897.

The American Academy of Railway Surgeons. Report of the Third Annual Meeting, held at Chicago, Ill., Sept. 23, 24 and 25, 1896. Edited by R. Harvey Reed, M.D., Columbus, Ohio. 8vo., pp. 282. [Chicago: American Medical Association Press. 1897.

A Text-Book of Diseases of Women, by Charles B. Penrose, M.D., Ph.D. 8vo., pp. 529. Illustrated. [Philadelphia: W. B. Saunders. 1897. St. Louis: The W. T. Keener Co., 404 N. 8th St. Price, \$3.50 net.

Tuberculosis of the Genito-Urinary Organs, Male and Female, by N. Senn, M.D., Ph.D., LL.D. 8vo., pp. 317. Illustrated. [Philadelphia: W. B. Saunders. 1897. St. Louis: The W. T. Keener Co. Price, \$3.00 net.

The Diseases of Women: A Handbook for Students and Practitioners, by J. Bland Sutton, F.R.C.S., Eng., and Arthur E. Giles, M.D., B Sc., Lond., F.R.C.S., Eng. Small 8vo., pp. 436. With 115 Illustrations. [Philadelphia: W. B. Saunders. 1897. St. Louis: The W. T. Keener Co., 404 N. 8th St. Price, \$2.50 net.

The Georgia Journal of Medicine and Surgery has made its initial appearance and promises to be one of the leading Southern medical monthlies. It is a large octavo in size, the first number containing 42 pages of very interesting matter. The list of contributors is a large and a good one. The editors are Drs. St. J. B. Graham, D. C. Dudley and W. S. Flick, who are also the proprietors. It is published at Savannah, Ga., its price being \$2.00 per annum. We wish success to our young contemporary, and we are sure it will achieve it as its owners are men of push and energy who fully believe in the motto they have adopted—*palmam qui meruit ferat*.

Western Medical and Surgical Gazette.—We have received the announcement of this publication, which is to appear October 1 next. It is to be issued at Denver, Col., and it proposes to be a high grade journal, issued monthly and contain not less

than 72 pages of reading matter. The subscription price has been placed at \$2.00 per year. Judging from the collaborators it should certainly be a most excellent publication. The department editors practically constitute the faculty of Gross Medical College. The editors are Drs. Wm. N. Beggs and Lincoln Mussey. We certainly wish the new venture success and shall look forward to its issue with much interest and shall certainly expect to see a superior publication.

**About Children.**—Another new book is to be added to our rapidly increasing literature on pediatrics. A book entitled "About Children" is announced by the *Medical Gazette* Publishing Company of Cleveland, Ohio. The author is Dr. Samuel W. Kelley, professor of Diseases of Children in the Cleveland College of Physicians and Surgeons.

**Announcement.**—It gives us great pleasure to announce that Messrs. P. Blakiston, Son & Co., of Philadelphia, propose to issue in October a new work on "Diseases of the Stomach," by Dr. John C. Hemmeter, of Baltimore. We have received sample pages of the forthcoming book, and judging from the list of contents, specimen engravings and text it will be a superior work and one of the highest utility to the physician. The author is well known as Clinical Professor of Medicine at the Baltimore Medical College, and we can already bespeak a large sale of the book to the publishers.

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## MELANGE.

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**Change of Firm.**—Mr. Lewis S. Matthews has come to St. Louis to continue the business of the W. T. Keener Book Co., at 404 N. 8th St. Mr. Matthews was formerly connected with the Chicago house of Keener and is thoroughly conversant with the business. He is capable in every sense of the word, and his store will be found of the greatest value by physicians who desire to buy medical works.

**Mississippi Valley Medical Association.**—Arrangements are now about completed for the meeting of the Association at Louisville on October 5-6-7-8, 1897. The different passenger associations have granted a round-trip rate of one and one-third fare on the certificate plan. The sessions will be held at the

Liederkranz Hall, and the headquarters will be at the Louisville Hotel. The following are among those whose papers have been accepted:

- J. B. Murphy, Chicago: "Address on Surgery."
- J. V. Shoemaker, Philadelphia: "Address on Medicine."
- I. A. Abt, Chicago: "The Nature of Croup Following Measles."
- J. C. Ayers, Cincinnati: "Further Observations in the Use of Hydrogen Dioxide in the Treatment of Blepharitis Marginalis."
- W. F. Barclay, Pittsburgh: "Milk; Its Production and Uses."
- J. F. Barnhill, Indianapolis: "Regarding Hypertrophied Faucial Tonsils."
- J. M. Batten, Pittsburgh: "Report of Five Cases of Heart Disease."
- J. K. Bauduy, St. Louis: "Some New Thoughts in the Treatment of Locomotor Ataxia."
- A. C. Bernays, St. Louis: Paper.
- A. F. Bock, St. Louis: "The Surgical Treatment of Base-dow's Disease."
- John Young Brown, St. Louis: "Some Remarks on Appendicitis."
- Sanger Brown, Chicago: "Some Anomalous Conditions of the Spinal Cord, with Report of Cases."
- Eug. G. Carpenter, Cleveland: "Posterior Radicular Neuritis."
- W. Cheatham, Louisville: "Of What Assistance Has the Serum Treatment of Diphtheria Been to the General Practitioner?"
- Archibald Church, Chicago: "The Differential Diagnosis and Treatment of Cerebral Hemorrhage and Cerebral Softening."
- J. W. Cokenower, Des Moines, Ia.: "Neurotic Deformities in Children."
- A. H. Cordier, Kansas City: "Ectopic Pregnancy, Clinical and Pathologic Phases."
- J. Homer Coulter, Chicago: Paper.
- Ephraim Cutter, New York: "Beef—A War Paper."
- Richard Dewey, Wauwatosa, Wis.: "Some Cases of Insanity in Adolescence."
- Arch. Dixon, Henderson, Ky.: "To Drain or Not to Drain."
- Kennon Dunham, Cincinnati: "The Hypodermic Syringe and Its Use in Malaria."
- C. Travis Drennan, Hot Springs, Ark.: "Report of a Case of Anesthesia Produced by Mercury, with Remarks."

Sherwood Dunn, Los Angeles: "Mothers and Daughters."

J. Rilus Eastman, Indianapolis: "Diagnosis by Inspection in the Urinary Tract."

A. R. Edwards, Chicago: "The Diagnosis of Abscess of the Liver Based upon a Study of Twenty-five Cases."

Jos. Eichberg, Cincinnati: "Typhoid Fever Treated Without Cold Baths."

C. Fisch, St. Louis: "The Antitoxic and Bactericidal Properties of the Serum of Horses Treated with Koch's New Tuber-culin (T. R.)."

F. R. Fry, St. Louis: "Pressure Symptoms After Head Injuries."

A. H. Goelet, New York: "The Surgical Treatment of Fibroid Tumors of the Uterus."

Spencer Graves, St. Louis: "Appendicitis."

H. Hatch, Quincy, Ill.: "Severe Injuries from Electricity, and What Best to Do."

A. G. Hobbs: "Mouth-Breathing in Children." Discussion opened by Dr. H. W. Loeb.

B. W. Holliday, Cleveland: "The Civic Aspect and Therapy of Some of the Common Neuroses."

A. F. House, Cleveland: "Symptoms and Surgical Treatment of Perforated Intestinal Ulcers."

- W. H. Humiston, Cleveland: "Cocaine Anesthesia in Perineorrhaphy."

C. C. Jacobs, Frostburg, Md.: "The Treatment of Obstructive Lesions of the Urinary Tract, Anterior to the Bladder, with Special Reference to the Enlargement of the Prostate Gland."

A. C. Klebs, Chicago: Paper.

E. L. Larkins, Terre Haute, Ind.: "Appendicitis."

F. F. Lawrence, Columbus, Ohio: "Hysterectomy."

Elmer Lee, New York: "The Elimination of Empiricism in the Treatment of Pneumonia."

I. N. Love, St. Louis: "The Relations of the Secular Press to Medicine and the Public."

C. F. McGahan, Aiken, S. C.: "The Treatment of Pulmonary Phthisis."

A. H. Meisenbach, St. Louis: "A Plea for Early Operation in Cholelithiasis."

L. Harrison Mettler, Chicago: "Neuroses of Gout."

- Robt. T. Morris, New York: Paper.
- Harold N. Moyer, Chicago: Paper.
- A. M. Owen, Evansville, Ind.: "Cathartics and Constipation."
- A. J. Ochsner, Chicago: "Treatment of Hernia in Old Men."
- Curran Pope, Louisville, Ky.: "Sanitariums a Necessary Factor in the Treatment of Chronic Diseases."
- Joseph Price, Philadelphia: Paper.
- J. Punton, Kansas City: "The Growing Needs of Medical Political Organization."
- D. C. Ramsay, Mt. Vernon, Ind.: "Municipal Sanitation of Tuberculosis."
- A. Ravogli, Cincinnati: "Tuberculin in Dermatology."
- B. Merrill Rickets, Cincinnati: "Abdominal Incision for Ascites."
- Byron Robinson, Chicago: "The Classification of Peritonitis."
- Enno Sander, St. Louis: "The Carlsbad Springs of the United States of North America."
- E. W. Saunders, St. Louis: "Therapeutic Properties of Infant Foods."
- E. J. Senn, Chicago: "The Treatment of Suppurating Fistulous Tracts."
- E. B. Smith, Detroit: "Experimental Surgery."
- J. O. Stillson, Indianapolis: "Retro-bulbar Optic Neuritis."
- L. Strauss, St. Louis: "Primary Tuberculosis of the Rectum, with Report of Cases."
- J. A. Stucky, Lexington, Ky.: "Intratympanic Surgery in Chronic Suppuration."
- J. B. Taulbee, Mt. Sterling, Ky.: "The Treatment of Wounds by the Open Method."
- H. M. Thomas, Chicago: "Experimental Work on the Penetrability of Vaporized Medicaments in the Air Passages."
- K. K. Wheelock, Fort Wayne, Ind.: "Plastic Operation for Reforming Interpalpebral Space."
- Alex. C. Wiener, Chicago: "Congenital Dislocation of the Hip."
- Frank Woodbury, Philadelphia: Paper.
- Titles of Papers should be sent to Dr. Thomas Hunt Stucky, President, Louisville, or Dr. H. W. Loeb, Secretary, St. Louis.

## MISCELLANEOUS NOTES.

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**Are You In Pain?**—You will probably ask this question more frequently than any other. Nothing appeals to one more strongly. To be able to relieve pain, whether it be a slight nervous headache or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant.

The ideal remedy must not only do its work, but it must also do it quickly. Touching this point is an article in the *Boston Medical and Surgical Reporter*, by Hugo Engel, A.M., M.D. The author says:

"Antikamnia has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly-acting as a hypodermic injection of morphia. It is used only internally. To stop pain one five-grain tablet (crushed) is administered at once; ten minutes later the same dose is repeated, and if necessary a third dose given ten minutes after the second. In ninety per cent. of all cases it immediately stops the pain."

**The Ideal Dressing Outfit.**—An extract from a letter received from Dr. Herman E. Pearse, editor *Kansas City Medical Index*, and a prominent practitioner of that city, July 16th, 1897, says:

"Campho - Phénique, Campho - Phénique Powder, and Campho - Phénique Gauze are always on my dressing-table at my clinic room: always in my cabinet at my private office; and always in my satchel for outside work. The reason for this, if asked, is simply because they do their work well and constitute an ideal dressing outfit."

### Cordial Cod-Liver Oil Compound in Bronchitis.—

BROOKLYN, N. Y., Aug. 30, 1897.

KATHARMON CHEMICAL CO., St. Louis, Mo.

Gentlemen—It gives me great pleasure to testify to the excellence and value of Hagee's Cordial of Cod-Liver Oil with Hypophosphites of Lime and Soda in cases of bronchitis and bronchial asthma, and also in tuberculosis. It is readily tolerated by the stomach, and speedily acts as a vigorous tonic and nutrient. I can cheerfully recommend it to the profession.

Very truly yours,

WM. HENRY HARLIN, M.D.

**Lithiated Hydrangea in Cystitis.**—ACUTE CYSTITIS, resulting from gonorrhea, and presenting symptoms of distress and pain over pubes, frequent and urgent inclination to micturate, urine cloudy and depositing slight amount of mucus on standing.

CHRONIC CYSTITIS, resulting from enlarged prostate, retained or altered urine, or from gout or nervous derangement—mucus or mucus rendering the urine more or less cloudy or opaque.

**Treatment.**—In addition to the mechanical treatment, usually essential in the management of disorders of this class, the administration of

Lambert's Lithiated Hydrangea is often of the greatest service. A practitioner of wide experience says: "I have used Lambert's Lithiated Hydrangea on various persons affected with diverse and painful manifestations of chronic rheumatism, gout, lithiasis-urica, nephritic calculus and functional disturbances of the renal system, with excellent results, and I consider it a valuable remedy for normalizing the renal function, for promoting the active elimination of uric acid, and to calm the congestive conditions of the kidneys and of the urinary mucous membrane."

**Gonorrhea, Gleet and Leucorrhea.**—Kennedy's White Pinus Canadensis gives perfect satisfaction in gonorrhea and gleet; have used it in cases within the last six months that resisted all other remedies. Have also used it successfully in cases of leucorrhea and ulceration of the os uteri. I am highly pleased with its effects, and certainly recommend it to the profession. The White is preferable—leaving no stain on the clothing.      J. R. WILCOX, M.D.  
Colorado Springs, Colo.

**The Superiority of Sugar-Coated Pills—“Warner”**—is demonstrated by a wealth of evidence. There is accumulated evidence of perfect results obtained by the medical profession which has used them for over forty years. There is evidence in the award granted by the Columbian Exposition, 1893, upon the following grounds: “The pills are of uniform size, the coating is perfect and protects the pills indefinitely, samples 27 years old being shown readily soluble in hot or cold water.” A soft pill mass protected indefinitely from atmospheric conditions is certainly the perfection of pill making. There is evidence to be found every day by suspending a Warner pill on a mosquito netting in water from 98° to 100° and watching it dissolve. This test is conclusive, as the conditions most nearly approach the natural conditions present in pill medication. It will show the superior solubility of the Warner product over pills made by any other process. It will guide the pharmacist in his specifications.—*Monthly Retrospect of Medicine*.

**Diabetic and Dyspepsia Flour.**—Physicians make a mistake in not specifically prescribing peculiar diets for patients suffering with ailments which are only amenable to treatment by regulation of the food. Doctors are prone to carelessness in this matter and often give orders which are only properly carried out by one who knows the component parts of each article of the patient's food. Flours which can be prepared by the household cook for the food of the diatetic and dyspeptic are now put on the market by Farwell & Rhines, the millers of Watertown, N. Y. Their “Diabetic Flour” and “Dyspepsia Flour” are prepared, as their names show, with special reference to these conditions, and merits the attention of physicians. The palatability and value of these and of their Barley Crystals can best be determined by a trial, for which the manufacturers will supply the material on request.—*Clinical Recorder*.

# THE ST. LOUIS Medical and Surgical Journal.

Whole No. 683.

VOLUME LXXXIII.—NOVEMBER, 1897.—No. 5.

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## ORIGINAL COMMUNICATIONS.

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### FURTHER RESEARCHES ON REDUCING AGENTS.\*

BY DR. P. G. UNNA, HAMBURG, GERMANY.

I had hoped, after I had mentioned the properties of oxidized pyrogallol as a remedy, at Frankfort-on-the-Main, a year ago, to be prepared to be able to contribute further on the composition of this body. This hope has not been fulfilled; it appears that the explanation of the composition of this oxidation product offers unusual difficulties to chemists. Very little confidence is placed by chemists in earlier works on this subject; and recently two chemists took up the problem at my request and their investigations have remained without result up to the present. I can only communicate the fact that during the oxidation of pyrogallol in an alkaline solution the well crystallized rufigallus acid, which now and again appears, does not possess the marked properties of oxidized pyrogallol, as I can establish with certainty by means of comparative researches.

Besides, the question remains as to the chemical nature of this peculiar body as mentioned above. This is the more important, as we have sufficient ground to expect, among the series of oxidized, phenol bodies, analogous and still unknown remedies.

\*Paper read before the Dermatological Section of the International Medical Congress, held at Moscow, Aug., 1897.

In the meantime the value of oxidized pyrogallol in my practice has continued to take on greater importance; it has limited to a considerable degree the use of pure pyrogallol on the grounds formerly communicated. My further theoretical investigations have been carried on with chrysarobin as the next strongest body in the class of reducing medical agents.

At the end of the seventies, chrysarobin, at that time still in the state of Goa powder, was introduced in the practice of European dermatologists by Balmanno Squire, and perhaps many specialists thereafter proved our native chrysophanic acid preparations in its action on skin diseases, more especially as it was supposed yet, as Attfield said, that the active principle of Goa powder was chrysophanic acid. Still, news of such researches were never made known to me. I made investigations of the sort with extractum rhei (in salves 1 to 10) and tinctura rhei aquosa (pure, or with glycerin 1 to 1) and found them satisfactory in milder parasitic diseases and eczemas; whilst in the treatment of psoriasis and sycosis—contrary to Goa powder—they left me completely in the lurch. I abandoned the forms just named in favor of a rhubarb soap, which since then I have used in my practice for the treatment of light parasitic diseases, more, however, for the after-treatment. Whilst I was writing on these researches in 1880\*, the true nature of chrysarobin was announced by Liebermann and Seidler. It was known that a molecule of chrysarobin is decomposed by taking up 2 molecules of oxygen, into 2 molecules of chrysophanic acid and 3 molecules of water.

From this I assumed that the principal action of chrysarobin with its assumption of oxygen was ended, at least in stubborn dermatoses (psoriasis, psoriatiform eczema, sycosis, trichophytosis), in those in which we employ it preferably, and that alkalies are useless for the chrysophanic acid for these skin treatments, whilst in other affections they lead to a peculiar, much milder action.

For these reasons I energetically opposed the erroneous indication of chrysarobin as chrysophanic acid in the first and second editions of the German Pharmacopeia†, as it concerned two bodies entirely different and possessing different dermato-therapeutic

\*Unna. *Mykologische Beiträge*. *Auspritz's Archiv.*, 1880, p. 181.

†*Monatsh. f. prakt. Dermat.*, 1882, pp. 254 and 320.

properties. This erroneous nomenclature was then retired also in Germany upon the revision of the second edition of the Pharmacopeia and replaced by the right one. In England, in view of the fact that chrysarobin had been regarded as chrysophanic acid (Attfield) and was so firmly established, it was a decade later before Walter G. Smith\* brought up the question: "Are chrysophanic acid and chrysarobin sufficiently different in action to call for insertion of both in the Pharmacopeia."

Smith employed for his investigations pure chrysophanic acid under the name: Merck's "Rhein." He and Beatty compared ointments, which were made of this substance with such similar percentage as was contained by those made with chrysarobin. Both came to the conclusion that chrysophanic acid stains the skin yellow and does not bring on a chrysarobin erythema.

Smith arrives at exactly the same result as I, that from a dermato-therapeutic point both substances are of very different worth, and this without having any knowledge of my researches. The same thing occurred to me in the former year, in reference to Smith's work, when I again took up the same investigations. So far as I was concerned the opportunity was offered this time in these observations on pyrogallol which I established last year.† I could demonstrate that the therapeutic action, which is evident to us in the use of pyrogallol in psoriasis, eczema, lupus, lepra, etc., is not at all brought out by pyrogallol, but by the oxidation product occurring on the skin, which, contrary to unoxidized pyrogallol, does not bring on the unwished effects, such as blackening, inflammation of the surrounding healthy skin, blackening of the urine, and toxic effects on the blood which occur. With the exception of the oxidation of pyrogallol produced by the skin, it has lost its strong action on the healthy skin and blood, but retained its healing properties on the diseased skin.

It was accordingly interesting in the highest degree and something desirable to know how in this respect pyrogallol was so analogous in its action to chrysarobin in the above-named diseases. Of course, I knew from my older researches that the chrysophanic acid of rhubarb did not possess the desirable pro-

\*W. G. Smith: Notes upon Chrysarobin and Chrysophanic Acid. Brit. Jour. of Dermat., 1896, p. 281.

†Unna. Neue Thatsachen ueber reduzierende Hellmittel. Arbeiten aus d. Klinik v. 1896, Eugen Grosser, Berlin, 1897.

perties of chrysarobin. There were but two explanations to offer which could correctly interpret these researches: First, it was possible that there were different chrysophanic acids, just as different tannic acids of different action are known, and that rhubarb chrysophanic acid was not identical with the product of oxidation of chrysarobin, although an ultimate analysis gives the same result in both, so that it was possible that an efficient product of oxidation of chrysarobin could be formed on the skin which did not exist in the elaborated chrysophanic acid, but was an intermediate product.

In order to prove these ideas it was absolutely necessary, for a comparison with chrysarobin—as with pyrogallol—to use an oxidation product obtained from chrysarobin by means of oxidation. This was handed to me by the Schwanapothek.

It was found, in the next place, that chrysarobin is much more difficult to transform into its oxidation product than pyrogallol. Whilst in the latter oxidation begins spontaneously upon its exposure to air, if traces of ammonia vapors are present and goes on energetically upon the addition of peroxide of hydrogen, chrysarobin will not oxidize at all under these conditions. Even a treatment of chrysarobin with hyperoxide of barium and chlorine water in the presence of alkalies does not lead by any perceptible gain to chrysophanated alkali. A complete demonstration of chrysarobin in the red oxidation product on the skin was attained by Mr. Levy (Schwanapothek) only by the addition of hyperoxide of sodium to the chrysarobin suspended in boiling water. What occurs on contact with the healthy skin in a short time and easily can be brought about in the test-tube, only with the help of much stronger alkalies and oxidizing agents. The healthy skin manifests itself in this respect, so far as chrysarobin is concerned, as a peculiarly strong oxidizing agent.

To go into the experiments, which I undertook in the oft-repeated manner already published, in detail would hardly be in place here. Ointments of otherwise identical composition and of high percentage (5 to 10%) were simultaneously applied to symmetrical patches of eczematous and psoriatic skin, chiefly under water-proof covering and the results compared from day to day. They were no different than those experienced years before with rhubarb chrysophanic acid. The effect of the

brownish-black oxidation product upon psoriatic and dry eczematous efflorescences was very slight or null, whilst the chrysarobin applied for comparison had reacted strongly. It was only in eczema of the face, rosacea—in other words, in those affections in which we would not willingly employ chrysarobin—that there was a mild, favorable action, as I formerly noted in connection with rhubarb, which was unmistakable. On this account for a year past, I have employed chrysarobinum oxidatum with happy results in eczemas of the face, of the neck, and of the genitalia, that is everywhere where chrysarobin acts too strongly in general. Naturally, one must be convinced that the former is pure and contains no remains of chrysarobin.

From these new series of investigations I am convinced that in this manner oxidized chrysarobin cannot act in any other way than the ordinary chrysophanic acid derived from senna or rhubarb does.

Now let us compare the facts just given in regard to chrysarobin and its oxidation product with the similar pyrogallol and pyraloxin,\* and there will be found an antithesis which could not be imagined greater. With chrysarobin, the healing power on the psoriatic patch ceases, in the mass, directly an alkaline chrysophanate is formed; with pyrogallol the healing action begins first in the mass, as pyraloxin is formed from it. The good action of chrysarobin is without doubt due to the inflammatory action upon the environment; the good action of pyrogallol is certainly to be separated from such, as it depends entirely upon oxidized pyrogallol, which possesses no properties productive of inflammation. Should we desire the strongest action of both medicaments upon the psoriatic skin combined with one another with the production of the smallest amount of reaction, we do not, as formerly, prescribe chrysarobin and pyrogallol, but chrysarobin and pyraloxin in the same ointment.

When, however, it is determined that the useful action of chrysarobin disappears with its oxidation, the problem is then presented to us to determine the exact conditions under which oxidation takes place. For it is only in this manner that we may hope to master this remedy which we are far yet from having done. To bring up one only, with which all dermatologists

\*Pyraloxin is the name given to the completely oxidized oxidation product which is insoluble in ether (—Pyrogallol through alkalies oxidized).

are acquainted, the healing action of chrysarobin and its oxidation are much slower upon the forearms (besides the hands) and legs than upon other skin areas. On this account nearly all great treatments of universal psoriasis conclude with a sort of after-treatment, which is directed to these localities where stubborn patches are found whilst the remaining skin is healed. This simple circumstance alone, which we have only opposed with complicated measures up to the present, whilst the treatment of the rest went on, delays the healing of a universal dry catarrh of the skin in a marked manner.

I already remarked above that we must look upon the healthy skin as a strong oxidizing agent for chrysarobin. We have consequently no occasion to worry about the bringing of an oxidizing agent, but about the equally necessary presence of a basic substance. It is universally known that such a one is very favorable to the formation of chrysophanic acid, that is, the disposition to oxidation of chrysarobin. It is also known in daily practice that it is not every basic substance, consequently not the basic reaction as such which the change from chrysarobin to chrysophanic acid requires. Whilst weak alkaline soaps bring about this instantly, we daily prescribe the much stronger zinc oxide in the form of chrysarobin containing zinc ointments and zinc pastes without oxidation even beginning in the jars.

When the series of basic substances to be mentioned is only observed, it will be found that these may be divided into three groups, in connection with chrysarobin: 1. those, which in contact with chrysarobin ointments do not produce oxidation even after a prolonged period; 2, those which produce a crust of dark oxidation product, not immediately, but gradually, on exposure to the air; and 3, those which directly upon being rubbed with the ointment bring on a more or less strong oxidation, and with it a reddening, browning or blackening of the salve throughout its entire mass.

In the first group the following basic bodies belong: oxide of zinc, oxide of mercury, litharge and minium\*; the carbonates—calamine, white-lead, carbonate of magnesia, bicarbonate of soda, and chalk; the alkaline silicates—silicate of potassium and of sodium, borax, the basic bismuth salts, sulphide of potassium; then the ointments of the pharmacopeia prepared with

\*Doubtful, as the red color of the chrysophanic acid reaction covers.

such bodies—unguentum zinci, cerussæ, calaminaris, saturninum, hydrargyri albi, rubri et flavi.

A few of these bodies approach one another to the following group, because through long contact with the air, traces of an oxidation of the chrysarobin show themselves, which yet do not come into practical consideration; in this manner mixtures made with bicarbonate of soda, calamine, basic bismuth salts, yellow oxide of mercury, potassium and sodium, water-glass and unguentum saturninum become superficially brownish or reddish in a gradual manner.

The bodies of this group can always be looked upon as compatibles for chrysarobin, and this fact is very important, since on the one hand they possess the property of acting favorably on chrysarobin dermatitis without preventing the oxidation—such as zinc oxide, calamine, white-lead, chalk, carbonate of magnesia, lead ointment—and on the other hand exert good effects in the eczematous and psoriatiform eruptions, such as the mercurial and bismuth salts. But it is particularly interesting that there are two bodies, which exerting strong basic properties on the skin and the affections named, and known to be of great value, show but a very small action upon chrysarobin, namely water-glass and sulphide of potassium. On this account these substances constitute strong adjuvants to chrysarobin. The water-glass solutions are ordered as mixtures to be shaken with 5–10% of chrysarobin and painted upon the skin, forming a soluble, dry varnish. This has a macerating action and neutralizing effect upon the strongly acid reaction of the plaques of the forearm and leg which are covered with a strong horny layer. Equally useful for this purpose are ointments which contain 5–10% of chrysarobin and 5% of sulphide of potassium. These remain unaltered in the jar, to assume, as soon as laid on the skin, a rapid and strong chrysarobin action. Above all, the ointments must not be permitted to assume a higher percentage of sulphide of potassium; in 10% ointments the upper surface oxidizes in the jar. If it be desired nevertheless to obtain the macerating effect of the higher doses of sulphide of potassium—the oxidizing effect in the jar must be removed by means of the addition of 2–5% of salicylic acid, whereby the basic properties of the salve will suffer to some extent.

Generally an addition of salicylic acid in the strengths given

acts in a known manner, aiding the chrysarobin and contributing to its oxidation without taking away its action on the skin, be it in the way of holding the bases of the skin at a distance, as it is an acid, or holding back the decomposition of the fat, as it is a disinfectant. For we shall soon see that the decomposition of fat acts in a strong oxidizing manner on chrysarobin.

The second group includes those basic bodies which, by and of themselves, produce no oxidation of chrysarobin, but whose mixture with chrysarobin becomes dark in a jar exposed to the air. This group contains (besides sulphide of potassium in strong dose), ammonia, sulphide of ammonia, carbonate of ammonia, carbonate of soda and lime water; also numerous soaps, chief among these, *sapo viridis* and *sapo kalinus* (made with linseed oil), then also cocoa soap, castile soap, the medical soaps, *sapo unguinosus* (made with adeps), and *sapo cinereus*.

This reaction of darkening in color in the air upon the addition to chrysarobin ointments is so delicate that members of this group may be discovered with it where no suspicion of them exists. For instance, if vasogen be mixed with chrysarobin, the mixture slowly darkens in color upon exposure to the air. In this case vasogen must contain ammonia or ammonia soaps; if it be displaced by caustic potash the odor of ammonia can be plainly perceived (M. Levy). It was through these contents that the celebrated penetrating action of vasogen could be easily explained.

The most important substance of this group which has not yet been indicated by me, in order to give it a particular notice, is Hebra's ointment. It was long since known to me that it was not permissible to prescribe chrysarobin and Hebra's ointment together for eczema, because the mixture became black and contained no chrysarobin, even in the jar. Now I have devoted a long series of experiments to this condition, so little observed heretofore. Since, namely, as we have seen, litharge and carbonate of lead are without any oxidizing effect upon chrysarobin, the fact is in the highest degree remarkable. It becomes still more so when it is noted that the before-mentioned Hebra's ointment, as it is made in drug-stores, when combined with chrysarobin immediately stains the entire mass black; in other words, belongs to the mediums which are the strongest oxidizing agents for chrysarobin, and this oxidizing action is not increased by the addition of salicylic acid. I next investigated

oleic acid and other oleates, oleate of zinc and of mercury, and it became apparent that these bodies, mixed with chrysarobin, became very slowly and in the smallest degree, but yet plainly, stained brownish on exposure to air. This oxidizing action of oleic acid and its salts is, however, increased to a high degree in oleate of lead. It can be already confirmed in connection with lead plaster when this is melted with chrysarobin and mixed or both parts dissolved in ether and the latter is permitted to evaporate.

Very soon the blackening of the upper surface begins and goes on uninterruptedly through the whole mass. The oleate of lead does not conduct itself like the soaps, which with chrysarobin blacken only the superficial parts over which the air plays, it extracts the oxygen from the air vigorously, clear through thick layers of fat until all chrysarobin is oxidized.

After this determination I naturally took up the question as to whether this marked power of oxidation of Hebra's ointment only occurred in that which had been kept or also in the fresh. For we write knowingly of the marked properties of the former, which the latter do not have. It was shown as a matter of fact that freshly prepared lead plaster ointments held the yellow chrysarobin color for quite a time. Here it was all the same whether they were made with *adeps*, vaseline, olive oil or linseed oil. But already after 12, and more markedly after 24 hours all began to become brown on their surface and this coloring became more marked from day to day. There were noted but small differences in the rapidity of the oxidation, and this seemed to be delayed most with linseed oil salve.

After these experiences I can recommend the addition of chrysarobin as a valuable index to the degree of decomposition of Hebra's ointment. This decomposition is generally indicated as becoming rancid, and in this event Hebra's ointment is the type of a rancid ointment without becoming dermatologically inactive or useless on that account. But an understanding of this entirely peculiar, practically unassailable tendency of Hebra's ointment to rancidity is first furnished by this chrysarobin reaction. The tendency to rancidity of fats is an oxidation process which is ordinarily brought about by the presence of light and air, and according to the researches of Späth\* attacks preferably oleic

\*Zeitschr. f. analyt. Chemic, 1896; 25, 471. Condensed in Pharmaceut. Central-halle, 1897, p. 62.

acids, whereby the more acids containing less carbon, bodies of the nature of aldehyde and oxyfatty acids, are transformed more readily into volatile acids the further the oxidation goes on. So that we can, by means of the chrysarobin test, determine that the oxide of lead confers the inclination to oxidize to oleic acid in markedly high mass (analogous to the manner in which oxide of lead acts in the preparation of varnish). The added chrysarobin will evidently be drawn in this oxidation process and thus serve as an indicator of the process of rancidity of Hebra's ointment.

All the substances named of this group, especially ammonia and oleic acid compounds, belong to those which are relatively if not absolutely incompatible to chrysarobin. If it is desired to use them in connection with chrysarobin, there must be an alternation employed; for instance, the efficient chrysarobin ointment of the day must be rapidly oxidized by rubbing over it *sapo viridis* and oil, in order to have the full benefit and permit the action of the potash in its place; then wash off the next morning and apply fresh chrysarobin—or chrysarobin ointment and Hebra's ointment are used alternately for short periods.

To the third group belong those substances which pharmaceutically are not at all compatible without chrysarobin, as in making the preparation the last is caused to oxidize and become ineffectual. They are the bodies absolutely incompatible with chrysarobin, strong basic substances. According to the greater or less oxidation of chrysarobin they may be placed about in the following order: *magnesia usta*, *calcaria usta*, *slackened lime*, *spiritus saponatus kalinus*, *tinctura kalina*, *superoxide of barium*, *chloride of lime*, strongly rancid Hebra's salve, *liquor sodæ causticæ*, *liquor potassæ causticæ*.

Upon examining these mixtures a circumstance occurs very strikingly, one which has made itself prominent in members of the first group, even if not as strongly, namely, the different colors of the various products of oxidation. Whilst the mixtures of chrysarobin with lime and magnesia assume a red or brownish-red color, that of the mixture with the caustic alkalies is brownish-black and with Hebra's ointment perfectly black. In the same manner the surfaces of all soap and ammonia preparations are glossy black. As all the gradations from bright red to dark red, reddish-brown, brownish-black up to clear black are found, the next idea is that the different shades of color are merely

different degrees of concentration of a red color which is in a diluted state. Yet a reddish zone should be seen on the surface of mixtures which have been gradually blackened by exposure to the air, which is not the case in most instances.

The mixture of chrysarobin with Hebra's spiritus saponis brought me a further knowledge of the composition. Whilst the former remains yellow at the bottom the supernatent tincture of soap takes on a deep red color. On the other hand the mixture of chrysarobin with green soap is a deep brownish-black. I extracted some of this mixture with alcohol and ether and obtained from it the same deep red liquid which Hebra's spirits of soap equally gives, whereby it was determined that a portion of the oxidation product at all events contains red chrysophanic acid or chrysophanic acid salt. Already the extraction of the mixture with caustic alkalies gave only a small reddening of the alcohol ether extract, besides much black, insoluble remains, and other mixtures, like that with Hebra's salves, contained no red chrysophanic acid at all, but black remains only.

After this there can exist no doubt that the oxidation of chrysarobin in the presence of bases takes place in two directions, namely, partially in the simple addition of oxygen and the formation of chrysophanic acid, on the other hand leading to black products which show a far-reaching decomposition of the chrysarobin molecules. In this lies a problem which will reward the efforts of pharmacologists and pharmaceutists.

From a pharmaceutic standpoint our next problem will be to follow the oxidation of chrysarobin in a diametrically different direction, namely under the addition of oxidizing agents in the absence of basic substances. We must, however, acknowledge to ourselves that the oxidation with such strong bases as adjuvants in the use of pure chrysarobin salves, such as we have taken into consideration, is not to be thought of. Even when we ignore the parts covered with thick, dry epidermis, decidedly acid sites of the skin, and only look upon such regions as the neck, genitalia and face, on which a rapid oxidation of chrysarobin occurs without anything further, we can hardly look upon a strong basic condition of the upper surface or of the skin secretion as ordinary. At all events more exact investigations on this point are wanting, and mine made with ordinary regeant paper have given us no certain results.

Nevertheless it is permissible to maintain that the oxidation of pure chrysarobin on the skin is more marked through oleic acid and oleates from the fact that fatty acids which decompose are present on the skin. The oxidation which spontaneously occurs from the skin can be on that account much better determined by the investigation, of what influence oxygen-carriers exert on chrysarobin, when through the presence of excessive acids, such as salicylic acid, acetic acid\*, oleic acid, etc., the basicity of the vicinity is shut out.

The research of the particular conditions attending the oxidation of chrysarobin without the presence of bases and the determination of the reaction of the skin and of its secretion during chrysarobin oxidation, will constitute the subject of our next problem in the interesting chapter on reducing agents.

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**A Case of Prolonged Unconsciousness.**—Much attention has been given in England to a peculiar case, known as the “Dover Cliff Mystery.” On August 5th a young girl, aged 17, was found unconscious and bruised on the beach near St. Margaret’s, at the foot of a cliff 200 feet high, and was removed to the Dover Hospital. The character of her injuries (a severe bruise on the right side of the forehead, and slighter contusions on the occiput and left ankle) makes it seem most improbable that she had fallen over the cliff, as was at first supposed; and it has been suggested that she was sunstruck while walking on the beach, and received the bruises in falling to the ground. The possibility of the case being one of typhoid fever arises, when it is remembered that long periods of unconsciousness, lasting more than four weeks, have been known to occur in this disease. The temperature curve, also, is not unlike that of typhoid. The principal treatment has been the use of the cold pack whenever the temperature rose above 102° F. Bromid of ammonium and iodid of potassium were given internally, with a diet consisting of milk and beef-tea. The systematic use of the ice-pack and indefatigable attention to nutrition have thus far preserved the girl’s life, but she still lies unconscious.—*Med. News.*

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\*I would like to call attention to the fact in this connection that the first use of chrysarobin was in that of Goa powder which was rubbed into a paste with vinegar.

**CARRASQUILLA SERUM SUB JUDICE.**

BY ALBERT S. ASHMEAD, M.D., NEW YORK.

From time to time during the past year Dr. Carrasquilla, of Bogota, has sent me sundry consignments of his serum for experimentation—that is, distribution by me to various leper asylums. Some of these samples were forwarded to Dr. Peterson, of St. Petersburg, and Dr. Hansen, of Bergen. No doubt these gentlemen will report about this matter to the Lepra Conference of Berlin.

I have received such reports and opinions from a number of other leprologists. I print here their conclusions in their own words:

Dr. Winslow Anderson, San Francisco: "It has been found impracticable for me to obtain permission to use Carrasquilla's serum in San Francisco. A year or so ago the Goto treatment was inaugurated here, and of course turned out to be a miserable failure. They seem now to look upon all these treatments with some little suspicion. At any event, I have not obtained permission. Should I do so, I shall apply it and send you a full record of the case."

Dr. John B. Maloney, Key West, Florida: "The serum in my hands has been an absolute failure. I succeeded in giving my case an indurated or sympathetic bubo, which neither caused pain nor fever. There was never any irritation at the site of injection. He says he had fever the evening after the third injection. He failed to notify me and to use the thermometer, so that I cannot tell you how much reaction there was. It had subsided when I saw him the next day.

[NOTE.—"Impossible for me to say how many lepers there are in Florida. Here there are between seven and ten. We got ours undoubtedly from the Bahama Islands many years ago—due to loose quarantine regulations, both state and national. With the present regulations it is impossible for any new cases to get in—that is, if health officers know the disease. Of course our officers here do; but I am sure that there are thousands of physicians in this country who would fail to diagnose it, not only in the early stages, but in its late manifestations. It is certainly, to my mind, contagious in a very small way; otherwise it would have been as prevalent almost as tuberculosis."]

Dr. A. C. Smith, of Tracadie: "I was unable to give the medicine you sent me personal attention, but gave it to two lepers,

the sister of charity in charge of the ward administering it by the mouth. I had no photographic lens, and we have no photographer within sixty miles. One, an advanced case, shows no improvement. The other, a young man in the 'first stage,' gives evidence of much improvement. The tubercles on his forehead have disappeared, and his bodily health and vigor, which were much below normal, have returned.

"I have sent for a photographic outfit, and will have it in a few days. If you send me another supply—as you spoke of doing if I wished it—I shall be in much better position to carry out your wishes."

Dr. G. Willard Jones, of White Castle, Louisiana: "I used the remedy on two patients—the first a man about 26 or 27 years old, a very bad case of mixed leprosy, tubercular and anesthetic. The only change I could discover in him was that he claimed his sense of touch in his fingers was a little improved; but as to the tubercles in his face I could discover no change. We used the serum on him about eight weeks. Case No. 2 was a young girl, 11 years old, whose general health you might say is perfect. She has no sores or abrasions of any kind, and the disease thus far has only shown itself in the discoloration of the skin. We used it on her six or seven weeks, without the slightest change in her condition. I do not visit the Leper Home but once a week, but I showed and left directions with the Sister Superior of the Home just how to use and apply the serum, and I doubt not that she did as directed. From my experience thus far I cannot say anything very flattering of the serum. However, I do not condemn it; and as 'one swallow does not make a summer,' so one or two trials of this remedy does not warrant us in denouncing it."

Dr. Wm. Havelburg, of Rio Janeiro, Brazil: "The result of the injection was not unfavorable. Changes have appeared in the leprous infiltration which suggest retrogression. It is true this happens also in other methods. We regret, therefore, to be unable to continue our serum treatment, as the material is wanting. I shall, therefore, take the liberty to avail myself of your offer to send us about twenty bottles. Thus we might reasonably expect to reach some conclusive result."

Under date of June 19, 1897, he writes as follows: "Theoretically we maintain that sero-therapeuty will resolve the problem

of the treatment of leprosy—so often tackled, and always with unfavorable results. Up to this time the therapeutic success has not come up to the hopes founded on the antileprous serum. It is a fact that we have had occasion to observe some modification in the external appearance of the patient submitted to the experiment, such as the reduction of some infiltrations of the skin, which became thinner, disappearance of spots on the thorax, etc.; but we must observe that identical results are shown after infectious diseases intercurrent, like erysipelas, variola, etc., even after the use of iodide of potassium, which, producing a febrile, acute state, sometimes grave, like that which is observed in the congestive episodes of leprosy, there remains moreover a state of temporary attenuation, which may be compared to that which up to a certain point manifests itself in the individual who is the object of this observation."

Since receiving the above two rather favorable reports, I have sent new supplies for further experimentation. In all, I sent to Havelburg 106 flasks of the serum. We may therefore reasonably expect some decided conclusion from that quarter.

In addition to all that, I have had the following opinion from D. Alvarez, Sandwich Islands: "So far I do not see any change worthy of notice in my patients, except one who has recovered sensibility in one hand and arm, formerly anesthetic. There is also a boy with tubercles who shows some improvement; but we must be cautious in this matter, because lepers often improve without any treatment."

March 4th, 1897.

[NOTE: "I have received the report on leprosy from Sidney, Australia. The report shows that out of 37 lepers 16 are white, 12 men and 4 women, in whom heredity is out of the question. The time is not far off when it will be admitted by all that leprosy spreads only by contagion."]

I publish also a paragraph of Dr. Alvarez's "Report to the Hawaiian Board of Health, June 3rd, 1897: Considering that thus far the results obtained here are not as satisfactory as those reported from Colombia, would it be advisable for our government, following the example of the Hispano-American republics, to send a physician to Colombia to find out, if possible, why the serum treatment here is less satisfactory than similar treatment in Colombia?"

Goldschmidt, of Maderia, says: "I cannot give an opinion about the Carrasquilla serum treatment; as you say yourself, it

has no analogy with the other serum cures now in vogue. *A priori*, I do not believe in it; however, it is the easiest thing in the world to test it.

"I have given Dr. Carrasquilla, according to his wish, my opinion on his new treatment; for me his serum is not a specific, but a simple one."

From the last report of Drs. Azevedo, Lima, and Havelburg, Hospital dos Lazaros, Rio Janeiro, 1897, I extract the following lines: "Up to this day the culture of the leper bacillus has done no good. . . . Theoretically we maintain that sero-therapy will resolve the problem of the treatment of leprosy so often tackled, and always with unfavorable results. Up to this time the therapeutic success has not come up to the hopes founded on the anti-leprous serum. It is a fact that we have had occasion to observe some modifications in the external appearance of the patient submitted to the experiment (Carrasquilla serum treatment), such as reduction of some infiltrations of the skin which became thinner, disappearance of spots upon the thorax, etc., but we must observe that identical results are shown after infectious diseases, intercurrent, like erysipelas, variola, etc., even after the use of iodide of potassium, which produces a febrile acute state, sometimes grave, like that which is observed in the congestive episodes of leprosy. There remains, moreover, a state of temporary attenuation which may be compared to that which, up to a certain point, manifests itself in the individual who is the object of this observation."

Dr. Picardo, of San Domingo, West Indies, writes: "The amendment obtained in the patient has consisted in the following: Reappearance of sensibility in various points of the body; disappearance of some spots; decoloration and flattening of others; thinning and desquamation of the skin; disappearance of the leonine aspect, or leontiasis; resolution of small tubercles which existed in the ears; appearance of hair on legs and arms. The ears, which had lost their natural form and proportions, find themselves now shrunken, in some parts wrinkled, with a tendency to get better, and reducing themselves little by little to their proportions, presenting already an aspect distinct from what they were before. These symptoms of betterment have been recognized at the request of the Junta (Junta in order to organize the sero-therapie treatment) by the three physicians who

had been entrusted with the application of the treatment; their report being published in the principal periodicals of the capital."

Here is a copy of my last letter to Dr. Carrasquilla: "I send you by this mail in another envelope some reports on your serum, only one favorable, that is Dr. Havelburg's. Since I posted these reports, I have received from Dr. Smith, of Canada, a letter, from which I quote a paragraph. . . You see that I am acting fairly with you. Your serum is on trial, I may say, all over the world by competent persons. I shall send whatever of the serum you send hereafter to Drs. Havelburg and Smith, whose reports have been in its favor. I am free to confess to you that I belong still to the order of St. Thomas."

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**Indian Plague in Caucasia.**—A despatch to the *Daily News* (London) from Odessa says it is reported that there has been an outbreak of the Indian plague in the northern Caucasus. The officials refuse to give any information concerning the invasion, but it is known that a sanitary commission has left Tiflis to investigate.

**A Two-dollar Fee for Night Medical Service Visits at Paris.**—A disagreement has recently arisen between the prefect of police and the surgeons attached to the night medical service of the sixteenth arrondissement with reference to the payment of fees for which police are liable, the services having been rendered at the request of their officers. By a new regulation the prefecture bases its calculations upon the amount allotted for fees to each quarter, an average for three years being taken, and every three months the whole sum should be divided among those to whom it may be owing. In the Passy quarter, however, the sanitary conditions for the three months, January, February and March, were practically favorable, and accordingly the fee worked out at about \$4.75 for each visit. The administration considered this too high, and one medical man sent in his resignation. With a view of healing the breach, the prefecture proposed as a way of healing the difficulty that visits made during the first three months of the year in the Passy quarter should be paid for at the rate of 10 francs for every night call.—*Jour. Am. Med. Ass.*

## THE REGULATION OF PROSTITUTION.

BY ALBERT S. ASHMEAD, M. D., NEW YORK.

Late Physician in Charge of the Yoshiwara (Licensed Prostitutes) of Tokio.

Referring to your editorial, June, 1897, I would state the following facts: In Japan, where prostitution is licensed in some of the provinces, tea-girls and archery-girls have assumed the position of unlicensed prostitutes. In the two provinces which have produced the greatest statesmen of that country, notably the statesmen who overthrew the old Tycoon and restored the power of the Mikado (Kiushiu and Satsuma), pederasty is widespread, and licensed prostitution was never permitted. In these provinces, and among those who hail from these provinces, the homo-sexual vice is shamelessly rampant; it is even theoretically defended with would-be scientific arguments.

In the Satsuma rebellion, an officer of high rank was assassinated because he loved the "bichonin" of another official. Bichonin is the name given to the *puer*. The Japanese pederasts contend that the practice is an evidence of mental vigor, as showing a power of resistance to the charms of women. It is but telling the simple truth to say that these men from the provinces addicted to the homo-sexual vice represent the ablest minds and the best fighting blood of the empire. The whole modern progress of Japan is due to them.

The harlots of Japan do not represent, by any means, the "education, wit and wealth" of the country, although in very ancient times all the women of the Taira family, one of the five greatest of Japan, were driven into prostitution by a hostile and victorious clan. It was from this tragical event that the custom arose among the common people to marry prostitutes in order to obtain noble wives.

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## A NEW STITCH FOR CLOSING THE INCISION IN MEDIAN ABDOMINAL SECTION.

BY W. V. KINGSBURY, M.D., ST. LOUIS.

Believing, as I do, that ventral hernia, following abdominal section, is caused by the free cut edges of the peritoneum being caught between the cut surfaces of the other tissues of the abdominal wall, and thus preventing their proper union, the writer has devised the following method of applying sutures to the abdominal walls which will prevent that condition: This suture forces the cut edges of the peritoneum downwards into the abdominal cavity; it includes within its embrace the greater mass of tissue at the inner or peritoneal surface of the abdominal wall at the part where union should be the firmest to overcome intra-abdominal pressure, and it brings together the cut surfaces of the muscles without the interposing of the peritoneum. The suture is simple and easily applied. The cut below gives a diagrammatic illustration of the suture as applied before closing.

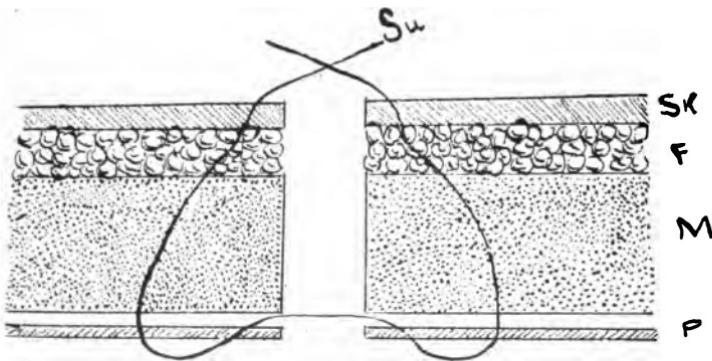


Fig. 1. Su, Suture; Sk, Skin; F, Fat; M, Muscle; P, Peritoneum.

Take a strong-curved needle armed with any suture material of sufficient strength, pass the needle through the skin about one-third of an inch from the line of incision, then through the subcutaneous fat, and reaching backward into the body of the muscle as far as the length and curve of the needle will allow, coming out through the peritoneum fully an inch or an inch and a half from the cut edge of the peritoneum. This brings the needle into the abdominal cavity. Then pull the needle and as much of the suture as required clear through, pass the needle through the peritoneum only, on the same side, about one-third or three-

quarters of an inch from the incision, carry the needle across the abdominal wound and enter it between the peritoneum and muscle on the opposite side, passing it through the peritoneum back into the abdominal cavity about one-third of an inch from the cut edge of the peritoneum, then re-enter the needle through the peritoneum into the abdominal wall about one or one and one-half inches from the line of incision, pass the needle through the entire abdominal wall, bringing it out of the skin at a point which corresponds with the point of entrance on the opposite side. The suture can be applied much easier than the above description would indicate. When the suture is closed any ridge of peritoneum caused by drawing, folding or puckering of that membrane will be formed, if at all, in the abdominal cavity, and will not be forced or crowded into the incision between the muscles. This suture can be applied almost as quickly as the ordinary abdominal suture is in which all tissues are included in one stitch.

DEAR DR. KINGSBURY:

Your stitch for closing the incision in median abdominal section is a good one, and I think will surely prevent the edges of the peritoneum from getting between the other structures of the parietes. I am one of those surgeons who do not approve of "a priori" judgment of surgical procedures. It is necessary to give this a trial, and the results will finally determine its usefulness.

Yours,

A. C. BERNAYS.

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**The Born Teacher is a Rare Type.**—Your born teacher is as rare as a poet, and as likely to die young. Once in a while a college gets hold of one. It does not always know that it has him, and proceeds to ruin him by over-driving the moment he shows power, or to let another college lure him away for a few hundred dollars more a year. But while he lasts, and sometimes, fortunately, he lasts till the end of a long life, he transforms the lecture hall as by enchantment. Lucky is the alumnus who can call the roll of his old instructors, and among the martinets and the pedants and the piously inane can here and there come suddenly upon a man—a man who taught him to think or helped him to feel, and thrilled him with a new horizon!—From "*The Life of a College Professor*," by Bliss Perry, in the October Scribner's.

## CORRESPONDENCE.

### UNNA'S SECOND CURE.

The cure of leprosy does not consist in the removal of one or more skin manifestations of the disease. If I do not err, Dr. Unna declared once before to have overcome, not one or two, but all of these manifestations: wrote a book about it. The patient died two years afterward of lepra cachexia (case reported by Dr. Havelburg, of Rio Janeiro). I quote here from Dr. Gregorio Hunt, "Lepra Tuberculosa," Buenos Ayres, 1886: "Dr. Unna's conclusion is unscientific, for he did not take into account all the considerations which might have saved him from criticism. In the first period of the disease it happens frequently that there seems to be improvement, and even a false appearance of cure. This deceiving appearance may remain for years."

Even the latest treatment of leprosy, though different from Unna's, produces just such effects as Unna describes; yet it is not received, so far, as a cure of leprosy outside of Carrasquila's own country. Havelburg (of Brazil) and Smith (of Canada) report apparent amendments from its use; but they wisely hold their judgment in abeyance. Time alone will show. Let me remark here that these men, Havelburg and Smith, are not mere skin specialists; they are leprologists. They live in charge of leper asylums, know all about the conditions of leprosy in their countries, ready to try every remedy put forth by the dermatologists: this may encourage the latter in their evident conviction of their own superior authority in this matter. So far, every remedy offered by dermatologists has been tried in leper asylums all over the world by men who treat nothing but leprosy; all these men have expressed the opinion that there is no cure for leprosy.

In the absence then of a cure for leprosy there is nothing that will solve the problem but laws of isolation as strict as those proposed by the isolation fanatics. Every one of these cranks is a practical leprologist, not a city dermatologist. They do not see one or two cases a year; they live in leper countries, and have charge of asylums. Who is likely to be of better counsel in this affair—these leprologists, or the dermatologists?

New York.

ALBERT S. ASHMEAD.

## ST. LOUIS Medical and Surgical Journal.

A. H. ÖHMAN-DUMESNIL, A.M., M.D.,  
Editor and Proprietor.

NO. 5 SOUTH BROADWAY, ST. LOUIS, MO., U. S. A.

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VOL. LXXIII.

NOVEMBER, 1897.

No. 5.  
Whole No. 683.

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SUBSCRIPTION RATES.

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### EDITORIAL.

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#### THE YELLOW FEVER INVASION.

The newspapers have recently been full of accounts of yellow fever cases occurring at points on the Gulf of Mexico. The disease has not assumed an epidemic form, the grand total of cases being comparatively small. Another pleasant fact to contemplate is that there has been a very small mortality. This may be due to the circumstance that dengue has also prevailed, and in several cases has been diagnosed as yellow fever. The announcement of the appearance of yellow fever had an electrifying effect in the South. Directly it was known, shot-gun quarantine was established in a number of States to the no small detriment of commerce.

The United States Marine Hospital Service, under the able generalship of Dr. Walter Wyman, has exercised the most careful vigilance and adopted the best quarantine measures, calculated to stamp out the disease and prevent the possibility of an epidemic such as ravaged the South some years ago. A fortun-

ate circumstance is that the trouble began rather late in the year, as this will tend to materially shorten the season. But among the repressive measures which should be adopted is that of establishing a quarantine against Cuba. The present series of cases is due to the importation of the disease to this country from that unfortunate island. Whilst the sympathies of the American people go to the insurgents, the government must, in duty bound, do all in its power to preserve the health of its citizens. A good frost will probably dispose of the matter as it stands to-day, but active measures should certainly be taken to prevent, as far as possible, a fresh outbreak next year from the germs which may lie dormant all winter and ready to propagate when the weather becomes propitious for their renewed activity.

#### PROFESSIONAL PRETENDERS.

No one can gainsay that the past decade has seen enormous strides made in the advancement of all the arts and sciences, and medicine has kept pace with this rapid, almost vertiginous, progress. Naturally, those desirous of keeping up with the progress so made have found a rather difficult task before them, and not an easy matter to keep pace with those studying medicine, as the latter were immediately furnished with the latest advances. This very advance, whilst in the highest degree advantageous to medicine, has reacted disadvantageously to the public in many instances. It is well known that many members of the medical profession are not as industrious as they might be, and, in too many instances, they have relied upon the very small information they acquired in their college days, supplemented by more or less "experience" of dubious quality and value.

These are the individuals who assume pomposity and pretend to be filled with wisdom when they have an audience in happy ignorance of matters medical. What are looked upon to-day as the simplest elementary truths are a sealed book to these professional shams, and yet they will not debase themselves to the extent of confessing their ignorance, or, recognizing it, go to work and endeavor to learn a little. Their pretensions are indeed a hollow mockery and a fraud, and were it not for their constant and faithful friend—*vis medicatrix naturæ*—the tomb-stone business would be in a much more flourishing condition than it is. It must not be supposed that these "whitened sepulchres" of medicine are only to be found in the old moss-backs

or country practitioners. Far from it. They are to be counted among the younger generation and among some of the most successful practitioners of cities.

A more dangerous class of professional pretenders is that composed of self-styled specialists. Following the clinic and listening (?) to a few lectures of some really capable man, the aspirant to the position of "specialist" returns ready to rush in where capable men hesitate to tread. They pretend to know it all, and to be armed *cap-a-pie* like veritable medical Paladins. Those who suffer are the confiding patients and often the trustful general practitioners who have recommended their specialist friend. It is an unfortunate thing that the latter must begin to learn at such an expense; but it is still more unfortunate when he never does learn.

We have had occasion to note a deplorable case of the sort alluded to not so very long ago. A gentleman who set up as a dermatologist had a patient sent to him suffering from a small lesion on his upper lip, which he dubbed a "cold-sore." The dermatologist after quite some time discovered the true nature of the disease. Then began insufficient and inadequate treatment. The result of this was a syphilitic necrosis of the nasal bones, perpendicular plate of the palatine, and finally perforation of the hard palate. Had the professional pretender who first saw the case known what he was dealing with and how to deal with it, the patient would never have suffered such destructive action on the tissues, and his life would not have been made such a burden.

This is but an isolated example among many. "Dead men tell no tales," and many a mistake of some professional pretender is slumbering away in some quiet churchyard, the victim of ignorant pretence. Should there not be some remedy for such a state of affairs? Is it not, in view of these facts just as essential to see to it that general practitioners and specialists should be qualified and not take it for granted that they are competent because they say so? The whole matter is certainly an integral part of the question of higher medical education, and is certainly as important to the public as that in reference to undergraduates in medicine. The fact that an individual appends an M. D. to his name is far from convincing evidence that he is capable, and qualifications should certainly be exacted of every medical man at this period of the Nineteenth Century.

## MEDICAL PROGRESS.

### MEDICINE.

**Malarial Hematuria.**—Dr. L. Lazaro says: I notice some of our brothers are giving their experience and treatment of this disease, and, while I have not seen very many cases, will give you my treatment. I have been practicing for three years, and have treated nine cases without a death. I have never had any help from my books on this subject. Being without help, the disease gave me a good deal of trouble at the beginning. The cause is due to malarial poison. There are some mild and malignant types. Mild attacks will become malignant if neglected. The diagnosis is easy. The patient has been having attacks of intermittent fever. Suddenly during one of these attacks the urine becomes bloody; patient becomes jaundiced, bowels as a rule are constipated, pulse rapid, liver congested and enlarged, irritable stomach, pains over the liver and kidneys. Fever becomes remittent. Now what is the best line of treatment?

#### A quick cathartic:

Rx Calomel .....	gr. viij.
Soda bicarb.....	gr. x.

M. Ft. capsules No. iii.

Sig. One every hour and a half, followed by salt.

#### Diuretics and diaphoretics:

Rx Acet. potash .....	gr. xv.
Swt. spt. nitre .....	gtt. xx.
Liq. am. acet .....	q. s. $\frac{1}{2}$ ss.

M.

Sig. Every four hours.

#### Antimalarials:

Rx Quinine, gr. v in capsule every four hours.

There is a difference of opinion on this drug. Some claim that it acts as an exciting cause of the hematuria, while others dispute it, and think it is one of the best drugs to combat malaria. Now I believe in quinine when given in ordinary doses, and after the patient has been purged. I have given it this way in all my cases with good results. I continue with my quinine until my patient becomes cinchonized, then I discontinue the quinine and I give the following preparation:

R Mur. tr. iron..... gtt. v.  
Liq. pot. arsen..... gtt. v.

M.

Sig. Three times daily.

To reduce high temperature, I give acetanilid, followed by good whisky as indicated. I apply a large mustard plaster over the stomach and kidneys. I give good whisky as a stimulant. Milk and strong broth as a diet until free of fever. For convalescence, iron, arsenic and strychnine.

Now a few words concerning the hemorrhage. I guess the majority of young doctors do exactly what I have done in my first case—try to control this hemorrhage at once with ergot, gallic acid, etc., and fail. “Flood the sewerage” and the hemorrhage will cease in time.

I hope some of my young brothers in the profession will give this line of treatment a fair trial and report the results.—*Louisville Med. Monthly.*

**The Treatment of Hemoptysis.**—The direct effect of drugs in arresting the hemorrhage which occurs in cases of pulmonary tuberculosis is very difficult to estimate with any amount of accuracy. The majority of cases tend to become spontaneously arrested, and any drug which has been given previously is apt to get the credit of stopping the bleeding. Dr. Degry believes strongly in the value of full doses of gallic acid in this condition, and he gives the drug in doses of from four to fifteen grains in the form of powders, pills or solutions. In cases where the hemorrhage is very severe he associates the gallic acid with ergotin, thus:

R Ac. gallic ..... 30 grains.  
Ergotin ..... 30 "

M.

F. pil. xx.

Five or more pills are prescribed each day. Others do not put much faith in the action of these and other astringents of the same class. The application of an ice bag is also another method which is believed by some to be efficacious, while others will have nothing to do with it. It is indeed difficult to see how this method of treatment can be of any direct use, except by mechanically assisting to keep the patient quiet. One of the most effective methods of treating an ordinary case of hemoptysis consists in giving a small hypodermic injection of morphia, which gener-

ally results in arrest of the hemorrhage, and the patient is at the same time mentally soothed.—*Lancet*.

#### THERAPEUTICS.

**A New Dental Anesthetic.**—Among the most harrassing as well as painful troubles to which humanity is subject there is none which elicits less sympathy and which is more trying than toothache. Country practitioners are solicited time and again to draw teeth, and their patience is often sorely tried when the patient makes a request to make the extraction painless. In the cities the so-called "obtunder" may be obtained, but the terrors of injecting this into the gum are perhaps little less than the pain which is actually present. A preparation has just been introduced which will be hailed with unmixed delight by the vast army of ailing humanity which suffers from aching molars, bicuspids and other teeth. By simply rubbing this preparation upon the gum the extraction of teeth is made painless, toothache disappears, and bad teeth lose all their terrors. The new preparation is known as the champho-phénique dental anesthetic, and it has produced such a favorable impression upon dentists that we have taken this opportunity of acquainting our readers with it. We are assured that no preparation ever placed upon the market can equal it, and we would advise all physicians to keep some of it on hand, as no class of patients is so grateful as those who have been relieved of the torturing pangs of toothache.

**Lactophenin Perfectly Safe.**—In his exhaustive chapter on tuberculosis, in "Wilson's American Text-Book of Applied Therapeutics," Professor James T. Whittaker of Cincinnati compares the antipyretics at various stages of treatment, and always speaks most favorably of lactophenin. Thus, in mentioning methods for lowering the temperature (p. 376), he says that salol is safer than acetanilid, antipyrin or phenacetin; "but as it liberates carbonic acid in the intestine it should not be given in any case of stasis of the kidney," and then he adds: "Lactophenin, in the same dosage (5 to 7 grains), is efficacious and free from danger." To quiet pain (p. 384), "sometimes due to a toxic neuralgia," salol is safer than either phenacetin or antipyrin (the latter, in large doses, depressing the heart), while "lactophenin is a perfectly safe drug in the same dose (5 grains every

two hours)." This view is in accord with the judgment of the many reporters, that lactophenin is the safest of all the newer antipyretics.

**Ferratin in Anemic Dyspepsias.**—Dr. Elbridge G. Cutler of Boston, in an excellent paper entitled "General Remarks on Gastric Dyspepsias," read before the Massachusetts Medical Society, June 8, 1897, and published in the *Boston Medical and Surgical Journal* September 9, 1897, advises the use of ferratin to increase the hemoglobin. In examining the patient "the relation or dependence of dyspeptic conditions on other local diseases or general disturbances" should be found. The lungs and the urine should be examined, the hemoglobin should be examined weekly, and the patient weighed, and if diet, control of daily life, etc., do not increase the hemoglobin, then ferratin should be used to aid the other measures.

**The Specific Action of Quinine in Malaria.**—Dr. E. C. Register, editor of the *Charlotte Medical Journal*, read a paper with this title before the North Carolina Medical Society.

After many years of study, both clinical and microscopical, the doctor arrives at the following conclusion in reference to the specific action of quinine in the continued forms of malarial fever. He says that a malarial fever without complications will subside after the plasmodia of malaria disappears from the blood; that we have in quinine the means to completely eradicate malarial poison from the body; that malarial fever occurring in a previously healthy subject, and in the central United States, if at once recognized and properly treated, never ends in death; that it is speedily curable, never continues, provided the nature of the disease be recognized and appropriate treatment employed.

Dr. Register has made microscopical examinations of the blood of several hundred patients suffering with remittent malarial fever, and has studied closely and thoroughly the crescentic and ring-shaped bodies which he says are the forms of the parasite which is responsible for the continued types of this fever, and he finds that the reason quinine does not always affect these irregular forms of the poison is on account of the usual defects in its administration. He contends that the drug is very imperfectly absorbed when given by the stomach, and when the patient has a temperature of over 102 degrees. He says that in

cases of continued malarial fever, if distinct and well-marked intermissions of the fever are produced artificially by the use of antipyrine, antifebrine and phenacetine, the crescentic and ring-shaped bodies will disappear after the administration of quinine as quickly as the spherical bodies that are found in an ordinary case of intermittent fever. In reference to the belief that the forms of the parasite that inhabit the blood cells are not acted on by quinine, he says: "There is no doubt in my mind that this belief is not erroneous. Besides my own observations, I have been able to collect the opinions of thirty-two authors touching upon this point, and twenty-eight out of the thirty-two believe that the endo-globular or intra-corpusecular forms are not, on this account, the cause of an uncontrollable fever, and that its proximity to the blood cell does not, in any way, protect it from the action of quinine."—*Exchange*.

#### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

**Stigmata of Degeneration in Epilepsy.**—There are various findings in patients at the Pennsylvania Epileptic Hospital and Colony Farm, and these were classified under three headings (*Med. and Surg. Reporter*):

1. Morphological deviations from normal; the stigmata particularly marked were asymmetries of the skull and face, dental anomalies, inflammations of the skin and marked pallor independent of any organic disease.
2. Functional deviations from normal; retarded puberty, various anomalies of the menstrual function, gluttony, merycismus.
3. Purely psychic stigmata. Tests were made to determine the higher mental activities, such as attention, memory and association. Each patient was requested to write as many words as possible in one, two and five minute periods respectively; also to write from memory a spoken, written and a simple sentence when read; and lastly to write the associations of some familiar word (city, hospital, etc.). The results indicated a deficiency of mental activity when compared with groups of healthy children of equal age.—*Med. Standard*.

**Pleasure Without Other Sensations.**—The following from the *New York Medical Journal* is of great interest to physicians and psychologists:

E. W. Scripture, Ph.D. (Leipsic), of Yale University, has sent us the following: "While exploring the sensations of various parts of the body about a year ago, I chanced to notice a phenomenon of which I find no mention in the various physiologies and psychologies. I submit the brief statement in the hope of learning if any one has previously made a similar observation, or if the fact which I have repeatedly observed can be confirmed by physicians who have the possibility of testing large numbers of patients. The observation may be summed up as follows: Whereas the surface of the glans penis is moderately sensitive to the pointed end of a toothpick and responds strongly to the point of a pin, the mucous membrane around the orifice of the urethra is absolutely lacking in sensations of touch in either case, although strong pressure with the point of a pin will cause pain. There is, however, another sensation aroused by the application of any object to this mucous membrane—namely, that of pleasure—which increases directly with the degree of erection. The confirmation of this observation would establish the hitherto unrecognized fact of the separate existence of pleasure as an independent sensation, a fact of considerable importance in the psychology of feeling."

#### DISEASES OF WOMEN AND CHILDREN.

**Puerperal Eclampsia and Its Treatment.**—At the late meeting of the American Association of Obstetricians and Gynecologists Dr. William Warren Potter read a paper entitled "Puerperal Eclampsia with Special Reference to Treatment."

The author, at the outset, referred to the views advanced by M. Charpentier at the Geneva Congress last year relative to the treatment of puerperal eclampsia, especially as to the applicability of the induction of premature labor for its relief, and which he said was so at variance with those that he had been accustomed to entertain, and the verity of which he had so frequently tested, that he confessed surprise thereat. It was not in any spirit of controversy that he ventured at this time to oppose M. Charpentier's teachings, but simply in the interest of professional progress and science. The author then gave his own views regarding this subject, saying that they were fortified by an experience and observation extending over a period of many years. Furthermore, in the application of the principles he would lay

down and advocate, a measure of success had been obtained at his hands that did not present itself under a contrary method previously pursued. The principal object of the paper was to advocate principles which the speaker grouped under the following heads:

1. Though the pathogenesis of eclampsia is unsettled it belongs solely to the pregnant or puerperal state. It is not apoplectic, epileptic or hysterical in character.
2. It depends upon toxemia due to overproduction of toxins and underelimination by the emunctories.
3. These toxins probably have their origin in the ingesta, in intestinal putrefaction, in fetal metabolism, one or all, and there is coexisting sluggishness, impairment or suspension of elimination.
4. When the prodromes of eclampsia appear, the kidney should be interrogated as to its functions and all symptoms carefully watched.
5. Treatment is preventive and curative. Preventive treatment is medicinal and hygienic; curative treatment is medicinal and obstetric.
6. Milk diet and distilled water should be given in the pre-eclamptic state to dilute the poison, hasten elimination and nourish the patient.
7. Blood letting should only be employed in plethora or cyanosis. It is liable to cause anemia if persisted in or repeated, whereas red blood corpuscles must be conserved, not wasted. Glonoin diminishes vasomotor spasm, hence may be given freely in appropriate cases. Veratrum viride is a cardiac depressant and a dangerous remedy if pushed to an extent that will control convulsions.
8. Eclampsia is the expression of a further maternal intolerance of the fetus; hence as a prime measure the uterus should be speedily emptied of its contents.
9. Medicinal treatment alone is delusive, and, when relied on exclusively, is fraught with danger to both mother and fetus; whereas in the prompt induction of labor is found a rational application of science to a desperate condition.
10. Finally, it furnishes, in the present state of our knowledge, the only basis of expectation for a diminished mortality in a toxemic disease of high death rate.—*Jour. Am. Med. Ass.*

## SURGERY.

**Anesin, a New Local Anesthetic.**—Vamossy (*Ungarische Medicinische Presse*) describes anesin as a watery solution of acetonic acid trichloride, or acetone chloroform. He has found that a one-per-cent. solution has the anesthetic power of a two-and-a-half per cent. solution of cocaine; that it is sterile; that it does not spoil on standing; that it does not irritate the part to which it is applied; and that it is not poisonous.—*Daily Lancet*.

**The After-Treatment in Cases of Abdominal Section.**—To combat shock, Bodon, of Budapest (*Therapeutische Monatsshefte; Centralblatt für Gynäkologie*), besides enemata or infusions of salt, employs subcutaneous injections of strychnine, not exceeding the dose of fifteen one-hundredths of a grain. Opium and morphine, he thinks, should not be used. Through the day on which the operation has been performed he gives the patient teaspoonful doses of very hot water (at 104° F.), which, he says, has a favorable action on the mucous membrane of the stomach, besides increasing the bulk of the gastric contents and thus facilitating the act of vomiting. On the second day the patient is allowed bouillon, beef tea, and tea with milk; on the third day, soup with egg, scraped raw meat, and fish or fowl. This is to evoke intestinal peristalsis. In eight or ten hours after the operation a rectal tube is passed through the anus, and this is repeated every four hours, for the removal of flatus. He considers it irrational to give morsels of ice to allay thirst; he prefers the drinking of warm water and the ingestion of salt. To prevent septic peritonitis, the occasional effect of migration of the *bacterium coli*, he gives calomel before the operation. To avoid ventral hernia, he makes the incision along the middle of one of the recti abdominis muscles.—*Ex.*

**Cocain as a Safeguard in Anesthesia by Chloroform.**—A London chloroformist claims that the trigeminus is responsible for the dangers to the heart and respiration by the reflex irritability of its terminations at the mucous membrane of the nose. His method is to anesthetize the nasal mucous membrane, which is done by requiring the patient to blow his nose and then, leaning forward or sitting, but never lying, to sniff a centigram of a powder consisting of 10 per cent. of cocaine hydrochlorate and some inert substance. Repeat in about three

minutes, and begin use of chloroform. In 50 cases in which cocaine was employed in this manner the conclusions were: the commencement of anesthesia is less disagreeable to the patient, who never makes defensive movements; oftentimes the excitement stage is wanting, and is always slight, except in cases of alcoholics; during anesthesia the patient rarely vomits, and if vomiting does occur it is accompanied with slight retching; upon awaking the patient experiences no disagreeable sensation and is not troubled by the after-smell of chloroform or ether.—*Daily Lancet*.

#### DERMATOLOGY AND SYPHILOLOGY.

**The Nature of the Xanthomata.**—Dr. S. Politzer, at the recent meeting of the American Dermatological Association, read a paper with this title.

The peculiar yellow plaques and nodules in the skull known as xanthoma have been the subject of extensive studies on the part of pathologists and dermatologists ever since they were first described by Addison and Gull in 1850. The greatest diversity of opinion exists as to their nature. This is due probably in part to the fact that different authors have examined different stages of the disease, and in part to the fact that different forms of xanthoma have been assumed to be different clinical manifestations of the same process. The author's histological studies are based on thirteen cases—five of them cases of xanthoma planum palbebrarum, four of xanthoma tuberosum, and four of xanthoma diabetorum. The clinical grounds for separating xanthoma of the eyelids from multiple xanthoma are as follows: The nodules of xanthoma multiplex are firm, round, elevated papules; the patches of eyelid xanthoma are soft plaques in the level of the skin. Eyelid xanthoma persists through life; multiple xanthoma sooner or later undergoes involution. Eyelid xanthoma is quite common; multiple xanthoma is extremely rare. If the eyelids were in this preponderating degree the seat of predilection for a common xanthoma, we should expect to find the eyelids affected in every case of multiple xanthoma; but, as a matter of fact, the two forms are rarely associated in the same individual. With the extensive material at his command the author has been able to show that common eyelid xanthoma is not a new growth, but is due to a degeneration of pre-existing embryonally misplaced

muscle tissue. The so-called xanthoma cell is a fragmented muscle fiber in a state of granulo-fatty degeneration.—*Charlotte Med. Jour.*

**The Progress of Dermatology During the Victorian Era.**—In the fourteenth century, as stated by Horner, diseases of the skin were classified under three heads: one consisted of those which could be cured by the use of sulphur; the second, those which could be cured by mercury; and the third, those which the devil himself could not cure. But science has made some progress since Satan's efforts as a dermatologist proved to be futile, and it must be conceded that during recent years few specialties have made such gratifying progress as that which deals with the treatment of diseases of the skin. A history of the progress of dermatology during the Victorian era would make an interesting chapter in connection with all the other records of wonderful achievements associated with the Queen's glorious reign.—*Medical Press and Circular.*

**Use of Iodin in the Treatment of Herpes Zoster.**—The treatment of skin diseases forms no small part of our practice among out-patients in China, which practice gives us an opportunity of trying the various remedies given in the text-books, and, may I say, affords us a chance of trying anything new that suggests itself, says Dr. J. H. McCartney, in *Cleveland Med. Gazette*.

As is well known, herpes zoster is a disease which has a tendency to get well of itself, if left alone, in a few weeks. Nevertheless we are always anxious to avail ourselves of any remedy which offers hopes of being able either to cure or abort. I have tried all remedies which text-books have mentioned, but not with the success wished for.

The last patient who came to my notice was an English business man of this city, who had been suffering for several days. The ordinary remedies had been tried, but without much effect, when at last tincture of iodin suggested itself. This was tried, and after morning and evening applications for four days the patient pronounced himself cured. The pain was lessened after the first application (although it caused considerable smarting), and the vesicles or papulo-vesicles (in this case) were entirely dried up at the end of this time.

In this case, as well as in a case among the Chinese, tincture of iodin proved more efficacious than any other remedy yet tried.—*Atlanta Med. Weekly*.

**The Treatment of Syphilis by Intramuscular Injections of Benzoate of Mercury.**—According to the *Revue de Thérapeutique Médico-Chirurgicale*, Gallois recently communicated to the Société de Thérapeutique his method of treating syphilis by intramuscular injections of benzoate of mercury. He condemns the employment of the insoluble preparations of mercury and advocates the use of the soluble salts, and endorses the formula of the Russian physician Stoukowenoff, as follows:

Rx	Benzoate of mercury .....	4 grains.
	Chloride of sodium .....	1 grain.
	Hydrochlorate of cocaine .....	1 grain.
	Sterile distilled water.....	1 ounce.

M.

Thirty minimis of this are to be injected deeply into the loose muscles of the back every day or two. The only pain following this slight operation is a sensation as if a bruise were present, which develops about two hours after the injection. The advantage of using the benzoate of mercury is that it is less painful than calomel and is rapidly absorbed.—*Ther. Gaz.*

#### GENITO-URINARY DISEASES.

**A Six-Inch Hat Pin in the Male Urethra.**—Dr. Philip D. Bunce, M.D., reports the following interesting case:

R. T., forty-five years old, and the father of a family, came in considerable distress and gave me the following history: About two hours ago, having considerable itching about the penis, he had taken one of his wife's hat-pins and obtained relief by pushing it head first into the urethra. In some way, which he could not explain, the pin slipped out of his fingers and went out of sight up the urethra. It had been necessary for him to walk quite a distance, and every step caused him pain.

On examination, two drops of blood were seen on his shirt. The penis was in a state of semi-erection. The pin could be easily palpated, the head in the deep urethra and the point about two inches from the end of the penis. An unsuccessful attempt was made to remove the pin, under cocaine, by passing narrow-bladed forceps through the meatus into the urethra.

One hand was now placed on the perineum, where the pin-head could be grasped, and the other hand bent the penis, so that by considerable pressure the pin-point was forced through the skin, about an inch and a half from the end of the penis. The pin was now pulled out as far as its head, and by reversing the direction was easily pushed, so that it was delivered head first through the meatus.

The pin was of the ordinary variety, with the head about the size of a shoe-button, and measured exactly six inches in length.

The man, when seen a week later, said he had not experienced the slightest pain of any kind after removal of the pin.—*N. Y. Med. Jour.*

**Prostatic Hypertrophy.**—In a paper read before the British Medical Association at its recent meeting, Dr. McEwen stated that he had operated in five cases, three by double orchidectomy and two by resection of the vas deferens. His conclusions were:

1. In many cases castration causes more or less atrophy of the prostate.
2. Atrophy occurs most commonly when the prostate is soft.
3. It is of the most value when the enlargement is general.
4. Cystitis may be relieved or cured.
5. In marked cystitis drainage is better.
6. It may do away with the necessity of the use of the catheter.
7. Or the catheter may be required less frequently.
8. Resection of the vas deferens acts more slowly, but the effect is similar.—*British Med. Jour.*

#### OPHTHALMOLOGY.

**Mydrinum the Ideal Mydriatic.**—Cattaneo thinks mydrinum—a combination of ephedrine and homatropine—is the ideal mydriatic for diagnostic purposes. Dilatation begins eight seconds after the application of mydrine; attains its maximum effect in thirty seconds, and the effect passes off in from four to six hours.—*Kans. Med. Jour.*

**Color Blindness in Japan and China.**—The *Lancet* states that a surgeon in the United States Navy reports as a result of an examination in Japan, among 1200 soldiers, some 1.58 per cent. who were red blind and 0.833 per cent. green blind; among

372 boys, 1 per cent. were red blind, and among 270 girls, 0.4 per cent. Of 596 men in Kioto, 5.45 per cent. showed defective color sense. Dr. Fielde, of Swatow, China, examined 1200 Chinese, using Thompson's wool tests; among 600 men were 19 who were color blind, but among 600 women only one. It seems that the percentage of color blindness among Chinamen is about 3 per cent., and consequently does not vary greatly from that in Europeans. Dr. Fielde found, however, that fully half the number mixed up blue and green, and that many are quite blind to the perception of violet colors.—*Ex.*

#### TERATOLOGY.

**A Fetus Stabbed.**—The *Nursing Record* (*Am. Med.-Surg. Bull.*) relates the case of a woman who, when six months pregnant, was stabbed twice in the abdomen. Both wounds penetrated the abdominal cavity, and as there were signs of internal hemorrhage the abdomen was immediately opened. The uterus was found to have been perforated in two places by the knife, and the wounds were closed by sutures, the hemorrhage being thus checked and the immediate danger removed. The patient progressed very well until the third day, when severe pains came on, and the next day an abortion took place, when she completely recovered. The fetus was dead; and on being examined, it was found that one stab had penetrated the left side of the chest, and another had wounded the small intestine in two places, purulent peritonitis having thus been set up. The case is unique, and the fact that peritonitis from the intestinal wound had been caused in a six months' fetus is a clinical fact of the greatest interest.

**Case of Supernumerary Mammary Glands in the Male.**—Dr. J. H. Oakley, P. A. Surgeon U. S. M. H. S., reports the following: C. H. O., age 23½ years; native, Germany; presented himself for physical examination May 15, 1897. About 4 c. m. below the left nipple and 2 c. m. nearer the sternum was another nipple. It was surrounded by a pink areola about 1.5 c. m. in diameter, around which several dark hairs grew. About 4 c. m. below the right nipple and 1.5 c. m. nearer the sternum was also another nipple; there was no areola about it, and it was much smaller than the extra nipple on the left. Hauseman tabulated 262 such cases, the greater number being in the female. Wil-

liams states that on scientific authority "our early progenitors had at least seven pair of mammae on the ventral aspect of the trunk; of these only the present pectoral pair have survived."—*Ga. Jour. Med. & Surg.*

**Congenital Transverse Division of the Glans Penis.**—Hofmokl figures and describes (*Archiv. fur Klin. Chir.*) a rare case of congenital transverse division of the glans penis into two parts, a dorsal larger and a lower smaller part. The urethra opened into the middle of the dividing furrow and was surrounded by a frenulum which passed on to the upper part of the glans, while on the lower part was seen the orifice of a blindly ending duct about two millimeters long. The patient was a man sixty-eight years old who had been twice married and had eight children. He suffered from congenital phimosis, and it was during operation, when the prepuce was turned back, that the anomaly of the glans was for the first time revealed. Hofmokl is unable to find in embryology a clear explanation of the origin of this defect.—*Brit. Med. Jour.*

#### NEUROLOGY.

**Lesions of the Spinal Cord in Cases of Amputation of the Fingers.**—The necropsy of a recent case has strikingly confirmed the modern assertion that the section of a nerve determines lesions at a distance, in the nerve's originating center. In this case, described and illustrated in the *Presse Méd.*, the lesions in the spinal cord corresponded in every particular and almost exclusively to the innervation of the parts amputated. An interesting feature of the case was that the amputation was congenital. The woman was sixty, and a cancer was located in the cervix uteri.—*Jour. Am. Med. Ass.*

**The Morbid Histology of Epileptic Idiocy and Epileptic Imbecility.**—As a result of histologic studies, Andriezen (*British Medical Journal*) has found in cases of epileptic idiocy and epileptic imbecility, a diffuse sclerosis or overgrowth of the neuroglia fiber cells in the brain substance and a co-extensive change in the nerve cells. The latter was of two kinds. 1. Defective development (fewness and slenderness) of protoplasmic processes. 2. Increase in amount and diffusion of pigment throughout the cell body, especially its basal part, and a displacement of the nucleus toward the apex of the cell.

Later changes were a gradual destruction and atrophy of the nerve-cell processes, consequent on or co-extensive with the further overgrowth of the glia (sclerosis), until whole groups or islands of cells might be so destroyed. There is thus a common pathogenic basis for epileptic idiocy and epileptic imbecility, and for focal epilepsy occurring in the child, namely, anomalies of growth and nutrition impressed upon the growing nerve cell as well as upon the neuroglia cell, and affecting predominantly this or that area of the brain, frequently in territories corresponding to a particular vascular distribution. In cases of epilepsy supervening in adult life, after the brain cells had attained complete development, the changes found were, as regards the nerve cells, only of the second kind. But in addition these very frequently exhibited intranuclear vacuolation of the cortical cells also. The significance of the changes especially associated with the epileptic neurosis (more particularly when occurring congenitally or in early life, and therefore entailing also a more or less obvious degree of mental impairment) is still more striking when it is remembered that in the brains of non-epileptic idiots and imbeciles similar lesions are generally absent, and the convolutionary forms may be, and often are, plump and well formed, though inclined to simplicity of arrangement. These are to be looked on as general arrests of development, not complicated of course with the epileptic neurosis. In the brains of non-epileptic imbeciles sclerosis and microgyria are both conspicuous by their absence. When the epileptic neurosis is present, however, this process also is present, and the other changes detailed are also present in varying degrees. It is in the combination of these two classes of pathologic changes that lesions are to be found, the surest indication, the seal as it were, of epileptic idiocy or epileptic imbecility in the brain.—*Jour. Am. Med. Ass.*

#### PROCTOLOGY.

**Bloodless Treatment of Stricture of the Rectum.**—In the *Archiv. f. Kl. Chir.*, Dr. E. Werkmeister makes proposals for the treatment of rectal stricture. The want of permanency in the good results obtained in the treatment of such cases led the author to evolve other and bloodless ways. He had a girl of twenty-four under treatment, supposed to be suffering from

syphilitic stricture of the rectum. Potassic iodate was now well borne, and bougies diminished the attack of diarrhea, but all the other symptoms persisted. Hollow bougies were now introduced and retained for an hour, when injections of 100 ccm. of 5-per-cent. boric acid solution were made, when the bougies were removed. An india-rubber tube of 1 ctm. in diameter and 6 in length was then passed beyond the internal sphincter, and retained by sticking plaster, and below this was placed a pad of lint to arrest the secretion. The object of the injection was to soften the fecal mass in the bowel, and the removal of the bowel contents above the stricture; that of the drainage tube was to remove the fluid mixture of feces and discharge from ulcers, and thus reduce fever by prevention of absorption, and also to allow the ulcers to heal. The results of the treatment were at first good; the subjective troubles disappeared so quickly that the patient withdrew from treatment in a fortnight, believing herself cured. A relapse soon took place, however, but she did not return to the doctor. He believed, however, from what he observed that the method was well worthy of a trial, as it was easily carried out.—*Med. Press.*

**Rectal Gonorrhea.**—“Rectal Gonorrhea” is the subject of a note in the *Medical Age*, copied from the *Medical Standard*, stating that in the past year Dr. Benj. F. Baer, Professor of Gynecology in the Philadelphia Polyclinic, had received 296 women in clinic; 105 had syphilitic lesions of the genitals; 191 simple gonorrhea, 67 of these having gonorrhea of the rectum. The note gives further the methods of infection, the symptoms, and the treatment. The nitrate of silver 1 to 3,000, a quart in quantity, is injected for five or six weeks; also 3-per-cent. boracic acid solution. This large percentage—nearly 38 per cent. rectal cases—is astounding, if true and correctly reported. The writer has never seen a case; but inquiry of several of our clinicians who see much venereal disease assert its extreme rarity. Dr. W. N. Wishard, in a practice including annually hundreds of cases, has met but one case; this was in a young virgin, who contracted rectal gonorrhea by using the same syringe her sister used while suffering from gonorrhea.—*Indiana Med. Jour.*

We are rather surprised that the writer of the above has not seen a case of gonorrhea of the rectum. We have had occasion

to see cases in both males and females, adolescents and adults. In our experience it has occurred more frequently in females, who sometimes suffered also from vaginal gonorrhea, but not invariably so. In large cities, where unnatural modes of intercourse prevail to some extent, the gonorrhreal infection of the rectum is far from being a rarity.

#### MEDICO-LEGAL.

**Liability of City for Health Officer Burning Property.**—The evidence in *City of Dallas v. Allen* showed that the city authorized its health officer, during an epidemic of smallpox in that city, to burn property which in his judgment was infected with the disease, when in his judgment it was necessary to do so to prevent its spread. In the execution of this authority he caused a house to be burned with its contents. This suit by the owner of certain of the contents, against the city, the health officer and the sureties on his official bond followed. The district court directed the jury to find against the city and in favor of the other defendants. April 14, 1897, the court of civil appeals reversed that judgment and remanded the cause. It says that the chief question was as to the right of the city to destroy property in the exercise of the power conferred on it by its charter, to all acts and make all regulations which may be necessary for the promotion of health or the suppression of disease. It thinks that the governing rule is found in a decision of the supreme court of Texas relative to the destruction of a house by the fire department, where it held that property can be so disposed of without the city or its agents becoming liable; that such a taking does not violate the constitutional pledge that private property shall not be taken, damaged or destroyed for or applied to public without adequate compensation being made, unless by consent of the owner. But the court of civil appeals thinks that a necessity for the demolition of the building for the purpose of checking the progress of the fire would have to be shown by the city, and the destruction of a house in an isolated place that could constitute no agency in communicating the threatened danger would not be justified. And it holds that to the same extent that a city can destroy the property of a citizen in checking a fire it can do it in stamping out an epidemic, with exemption from liability. There being in this case evidence both to the effect

that the articles in question could and could not have been rendered innocuous by a simple process of disinfection, the issue of fact thus raised, it holds, should have been left to the jury to decide. Furthermore, the city having directed or authorized the destruction of the property, if it was wrongfully destroyed, the court holds that the city could not escape liability.—*Jour. Am. Med. Ass.*

**Want of Skillful Treatment no Defence in Murder Case.**—In the murder case of State vs. Edgerton, the Supreme Court of Iowa holds, December 9, 1896, that the trial judge properly stated the law when he charged the jury that if they found from the evidence that the defendant inflicted wounds which caused or contributed to cause death, then he could not avoid the consequences of his act on the ground that the wounds were not treated according to the best and most approved methods of medical and surgical treatment for wounds of that character, and that the judge properly excluded certain expert and medical testimony, as well as some medical and surgical books offered by the defendant, tending to show that by proper treatment of the wounds of the deceased his life might or could have been saved, it being especially contended that if the physician called had resorted to "laparotomy" his patient might have recovered.—*Dominion Med. Monthly.*

**Judgment on Case Involving Sale of Practice.**—Equity Court, N. B. Barker, J., presiding. Judgment was also delivered in Ryan vs. McNichol. This was an action for specific performance between two physicians at Sussex. Ryan moved to Los Angelos and sold his practice and leased his property to the defendant, McNichols, for \$200 a year. The plaintiff agreed not to practice for two years, and the defendant agreed at the end of two years either to purchase plaintiff's property or to refrain from practicing in Sussex, but on the expiration of the term refused either to purchase or to leave Sussex. He defended the action on the grounds that a physician's practice is not capable of sale; that Ryan had no practice to sell, and that the agreement is illegal. The decision was against the defendant, and a decree made for the specific performance of the contract.—*Daily Sun, Aug. 18.*

## BOOK REVIEWS.

**The Practice of Surgery.** A Treatise on Surgery for the Use of Practitioners and Students. By HENRY R. WHARTON, M.D., and B. FARQUHAR CURTIS, M.D. Large 8vo., pp. 1240. Profusely illustrated. [Philadelphia: J. B. Lippincott Co. 1898.

This is certainly a magnificent book, which is one of the most thorough works on general surgery which we have seen, and is the result of the work of but two collaborators. A merely superficial examination will immediately demonstrate that the purpose of the authors was to give the general outlines of surgery and the surgical diseases to thoroughly prepare the student for the more arduous task of mastering the intricate problems of surgery. It has also been their intention to make the work of real value to the general practitioner and enable him to understand his cases of surgical disease more thoroughly, and recognize them so early that the patients would be in no danger of losing valuable time. As in all surgical works of this character, the authors deal with all the principal surgical diseases and conditions which are encountered, and in such manner that the reader can fully appreciate when the necessity arises for him to consult a special work devoted to any one subject. This is not the only advantage possessed by the book. Enough is furnished to enable the practitioner to recognize an uncommon or serious condition or one with which he is unable to cope, and he may, in consequence, call in more skilled surgical attention, or refer the patient to one who possesses special skill, in some particular case.

The book is certainly up to the latest requirements, as is fully evidenced by the methods of examination and of treatment which are given. The opening chapters on surgical bacteriology, inflammation, sapremia, septicemia, pyemia, special forms of infection, the repair of wounds and the regeneration of tissues, are particularly good, and show a thorough acquaintance with the subjects. Tumors deservedly occupies a goodly portion of space and it is a subject which is well handled. We will not criticise what the authors say, as no one can yet lay claim to have elucidated this darkest domain of surgery. General surgical topics are taken up next, such as asepsis and antisepsis, wounds, plastic surgery, anesthetics and amputations. All the foregoing occupies about one-fourth of the entire work. Chapter XIV., which is short, deals with the purely surgical diseases of the skin, and is followed by chapters on the surgery of the lymphatic system and of the blood-vessels. In this latter chapter there is a very good consideration of the subject of aneurisms, the treatment of the matter being very thorough and satisfactory. Ligations of arteries, the surgery of the nerves and of the tendons, are also thoroughly considered in what we look upon as a most

practical manner and such as will prove of the greatest use to the surgeon. The surgery of the muscles, tendons, fasciæ and bursæ, also receives its share of attention.

A most valuable portion of the book is that devoted to the fractures and dislocations of bones. The treatment recommended is, in the main, efficient and, withal, conservative. The true conditions present are illustrated by skiographs, the real value of the X-ray in surgery being amply demonstrated. A chapter of no little value is that devoted to the surgery of the joints, which is separated from that devoted to orthopedic surgery. Chapters XXIV. to XXXVI. are devoted to regional surgery. The surgical diseases of the different anatomical regions from the head to the rectum are taken up seriatim. The surgical diseases and injuries of the eye are treated of by Dr. De Schweinitz, and he very judiciously refrains from entering into any detailed accounts of the rarer and complicated ocular conditions. The three concluding chapters are taken up with the venereal diseases, surgery of the urinary organs, and surgery of the female genitals. No attempt is made to present the reader with treatises on venereal diseases, andrology or gynecology. Broad principles only are laid down which in case of emergency may be depended on, but which should certainly be supplemented by the reading and study of more special works.

A feature which will certainly commend the work before us is the liberal, we might almost say lavish, number of illustrations, each one of which is excellent and to the point. They are no less than 923 in number and the majority are original. There are 5 colored plates which are well-finished, and artistic, and altogether they are of the greatest aid in the elucidation of the text, which is written in a clear and pleasant style.

The paper and binding are of the best, and the typographical work most excellent. The type which is used for the various topics considered is black-faced, and a great convenience in referring to any subject. The index is a very full one, occupying 26 three-column pages in fine type, so that ready reference is an easy matter. The publishers have certainly produced a good-looking book, which is fully deserved by its contents, and we have no doubt that it will meet with the large sale which it certainly should have.

**The Origin of Disease, Especially of Disease Resulting from Intrinsic as Opposed to Extrinsic Causes. With Chapters on Diagnosis, Prognosis and Treatment.** By ARTHUR V. MEIGS, M.D. Large 8vo.; pp. 229. With One Hundred and Thirty-seven Original Illustrations. [Philadelphia: J. B. Lippincott Co. 1897.]

In this work we have, beyond all doubt, a monumental labor which should make the name of its author one of the beacon

lights of modern medicine. He has dealt in a masterly as well as masterful manner with that ever-recurring and hitherto obscure problem of the origin of disease. If there be such a thing as the philosophy of medicine, it is certainly to be found in the volume before us. The author indulges in no metaphysical complexities, but, microscope in hand, he demonstrates his theses and deduces logical conclusions from irrefutable premises. Every word is evidence of the deep thought he has devoted to his subject; and as a natural result, he has produced a work which is destined to outlive its author, and prove one of the valuable accretions to the medical literature of the century, already so rich in valuable works.

Beginning with the diseases of age, the author passes in review the origin of disease, and then takes into consideration the microscopic changes occurring in organs where such changes are not apparent from microscopic examination. It is in this manner that he has been enabled to determine, as far as possible with our present modes of investigation, the origin of pathological processes, or disease. The organs which have always been examined in every post-mortem made at the Pennsylvania Hospital for the past twenty-five years are the blood-vessels, the heart, the lungs, the liver, the spleen, the stomach, the intestines, the kidney, and the spinal cord. The task of doing this work is truly herculean, but the results are certainly commensurate with it; and the deductions made from the results observed are more than a compensation for the labor, and should certainly be appreciated by the profession in general. The chapters on diagnosis, prognosis and treatment of chronic disease, which terminate the work, are full of suggestions of the highest value. The discussion of intrinsic and extrinsic causes of diseases is worthy of the highest attention, and to the majority of physicians will open up a line of thought which will surely lead to the best results.

The illustrations are all delineations of the microscopic conditions found, and are superior in character. Some are fine pen-drawings, and others steel etchings made directly from the specimens by Messrs. Hermann and Erwin F. Faber, two artists who have reproduced the appearances presented with a faithfulness but rarely seen. They have, in no small degree, contributed to render the work what it really is—a high-class work.

The publishers have spared no effort to make the binding, typography, paper and plates the best possible; and although the work at first blush may appear too highly scientific for many practitioners, the reading of the introduction alone will prove so interesting and even fascinating that everyone going so far will possess himself of a copy, and keep it as a work to be highly prized and studied.

**Lectures on the Malarial Fevers.** By WILLIAM SYDNEY THAYER, M.D. 8vo., pp. 326. [New York: D. Appleton & Co. 1897.

We would naturally expect the Associate Professor of Medicine in Johns-Hopkins University to write an authoritative monograph upon any subject which he would attempt to elucidate. The book before us is evidence to this assumption; and we are pleased to see it, as it is really the first thorough work on the subject which we have had the pleasure to examine. It is thorough in every detail, from the microscopic pathology to the treatment, and it shows upon its very face that implicit confidence may be placed in the various statements which are made throughout its pages. The malarial fevers are not the simple matter which many have been led to suppose them to be, and the various as well as varied clinical reports which are so frequently made in reference to complications and apparently anomalous cases bear ample evidence of this fact.

In the nine lectures contained in the book before us the author gives evidence of thorough study of as well as familiarity with the subject he handles. There is not a physician in the South or Mississippi Valley who will not recognize many familiar and puzzling forms of malarial disease which he has met; and there is not one who will not have the subject made clear to him by a study of Dr. Thayer's work. Introduced to the pathogenic agent, he will be instructed in the methods of examination of the blood, whereby he can detect the hemacytozoa of malaria—the cause of the condition. Following this will be found most excellent clinical descriptions of the various forms of malarial fevers, the marked variety, and the complications and sequelæ, all systematically arranged, and so given as to throw a flood of light upon a subject but very imperfectly understood hitherto by the vast majority. The morbid anatomy and general pathology are no less valuable and interesting, and will repay many times over a careful reading and study.

The final lecture, dealing with the diagnosis, prognosis, treatment and prophylaxis is not the least interesting or valuable one of the series. In speaking of the diagnosis, the author mentions the liability of mistaking a urethral chill from catheterization or gonorrhea, or other cause, as a source of possible error in making a diagnosis. He fails to mention syphilitic fever, which we have had occasion to observe being treated with quinine, under the impression that it was malarial.

Nineteen fever charts and three colored plates illustrative of the parasite of tertian, of quartan and of estivo-autumnal fever add very much to the value of the text. The mechanical execution of the work is beyond reproach and a credit to the publishers.

**Appendicitis and its Surgical Treatment.** With a Report of Seventy-Five Operated Cases. By HERMANN MYNTER, M.D. (Copenhagen). 8vo., pp. 303. [Philadelphia: J. B. Lippincott Co. 1897. Price, \$2.00.

This little book is the monograph submitted by its author to the University of Copenhagen to obtain the degree of M.D. twenty-six years after graduation. It was deemed sufficiently worthy and was accepted, and this fact alone would be sufficient to give it the stamp of worth. But, not taking this into consideration, its intrinsic qualities are such as to recommend it to every one interested in the subject of appendicitis, and very few members of the American medical profession are not. The condition has been so frequently observed, is so easily recognized, and has been subjected to so much critical investigation, that every tyro considers himself competent to undertake any case. Of course, the more anyone knows regarding this condition the more conservative he is apt to become in the expression of his opinions.

Dr. Mynter, after quite a large experience and careful consideration of the subject, arrives at the conclusion already enunciated by a large number of surgeons, that operative interference should be as early as possible in the majority of cases. As he very tersely expresses it: "We cannot operate too early; we are often too late." So far as the choice of an operation is concerned, the author believes that the method of procedure must be governed in every case by the condition which is found present. No two cases being exactly alike, no absolute guide can be laid down in this matter.

The second part of the book is devoted to the recital of the histories of seventy-five of the cases he operated on, and whose after-treatment he followed personally. This is by no means the least valuable part of the book, and contains accounts which will give the intelligent reader much food for reflection.

We can heartily recommend Dr. Mynter's book as a most carefully prepared, accurate and reliable monograph upon the subject of appendicitis, and a meritorious addition to the still restricted literature upon the subject.

**Praxis des Harnanalyse.** Anleitung zur chemischer Untersuchung des Harns nebst einem Anhang, Analyse des Mageninhalts. Von Dr. Lassar-Cohens. 8vo., pp. 38. [Hamburg und Leipzig: Leopold Voss. 1897. Price, M.1.—

**PRACTICE OF URINARY ANALYSIS.** Introduction to the Chemical Examination of Urine, together with an Appendix on the Analysis of the Gastric Contents.

This is a most useful laboratory guide, which is written with a completeness that arouses our admiration. It has been written

with the object of being a self-instructor, and the author has succeeded remarkably in doing this. In fact, it is the most valuable little handbook which we have had to examine for a long time. The value of every test is given, and those who study the pages of this booklet will find many of their preconceived ideas rudely shattered when subjected to the critical analysis of authoritative knowledge. Not the least valuable part is that summarizing the methods of analyzing the contents of the stomach, and its usefulness is certainly fully apparent in view of the modern methods employed in gastric therapeutics.

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## LITERARY NOTES.

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**Books Received.**—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

*The Origin of Disease, Especially of Disease Resulting from Intrinsic as Opposed to Extrinsic Causes, With Chapters on Diagnosis, Prognosis and Treatment.* By Arthur V. Meigs, M.D. Large 8vo., pp. 229. With One Hundred and Thirty-seven Original Illustrations. [Philadelphia: J. B. Lippincott Co. 1897.

*Lectures on the Malarial Fevers.* By William Sydney Thayer, M.D. 8vo., pp. 326. [New York: D. Appleton & Co. 1897.

*Appendicitis and Its Surgical Treatment. With a Report of Seventy-five Operated Cases.* By Herman Mynter, M.D., Copenhagen. 8vo., pp. 303. [Philadelphia: J. B. Lippincott Co. 1897. Price, \$2.00.

*Praxis der Harnanalyse. Anleitung zur Chemischen Untersuchung des Harns nebst einem Anhang, Analyse des Mageninhalts, von Dr. Lassar-Cohn.* 8vo., pp. 38. [Hamburg und Leipzig: Leopold Voss. 1897. Preis, M. 1.—

*Suppression and Prevention of Leprosy.* By Albert S. Ashmead, M.D. 8vo., pp. 94. [Norristown, Pa.: Herald Printing and Binding Rooms. 1897.

*Transactions of the Medical Society of the State of West Virginia, held at Charleston, May 19-21, 1897.* 8vo., pp. 147. [Wheeling, W. Va.: W. J. Johnston, Printer. 1897.

*The Practice of Surgery. A Treatise on Surgery for the Use of Practitioners and Students.* By Henry R. Wharton, M.D., and B. Farquhar Curtis, M.D. Large 8vo., pp. 1240. Profusely Illustrated. [Philadelphia: J. B. Lippincott Company. 1898.

**The Suppression and Prevention of Leprosy** is certainly one of the burning questions of to-day among leprologists. Dr. Albert S. Ashmead, of New York, has done much work to bring about an International Congress of Leprologists to take up the question of the suppression as well as prevention of leprosy, and in the pamphlet before us he deals with the question in a very thorough manner in the 94 pages which he devotes to it. From all the evidence he has been able to gather, the disease is an incurable one which is transmissible, and the only way to deal with it is by preventing its spread. This can certainly be accomplished by isolation only, and he is an ardent advocate of such a method. The pamphlet is well written, and certainly worthy of the greatest attention.

**Transactions of the Medical Society of West Virginia** for 1897 is a neat little volume of 147 pages, which is well printed, and reflects great credit upon this thriving association. There are fourteen papers which appear in the volume, several of which are quite interesting, notably that of Dr. C. S. Hoffman, who reports a case of "Ovariotomy in a Child Thirty-three months Old." Altogether the quality of the contributions is excellent, and the number not so great as to preclude interesting discussions thereon.

**The Dominion Medical Monthly** gave a most excellent report of the meeting of the British Medical Association at Montreal. The abstracts of the papers and discussions are most excellent, and reflect great credit on the enterprise of our Canadian cotemporary as well as its liberality.

**The Canadian Journal of Medicine and Surgery**, published at Toronto, was well represented at the late meeting of the British Medical Association, if we are to judge from its very full report of the proceedings. It deserves great credit for its work.

**Treatment of Diseases of Women.**—We are in receipt of a little booklet published by Micajah & Co., Warren, Pa., entitled "Hints on the Treatment of Diseases of Women." This book takes up the different diseases peculiar to women and discusses each in a concise and practical manner. Much valuable material is contained therein, which will be found of great assistance to the doctor. Write for a copy.

**A Rare Opportunity.**—Every physician who uses electricity should send for a copy of *The Electro-Therapeutist*, a monthly journal devoted to electro-therapeutics for the general practitioner. Write the editor, Wm. F. Howe, M.D., Indianapolis, Ind., mentioning this journal, and he will send you sample gratis.

## SOCIETY PROCEEDINGS.

### THE CINCINNATI OBSTETRICAL SOCIETY.

#### REPORT OF CASES.

*Dr. Bonfield*—CASE I.—Mrs. K. S., Elmwood Place, entered the Good Samaritan Hospital March 25, 1897. Patient's health has always been good. She began to menstruate at 17 years of age, and up to the present time menstruation has been regular and free from pain. She has had one miscarriage, the exact date of which she has forgotten. With that exception she has never been pregnant. About four years ago she noticed a tumor in lower abdomen. She says it was at first on the left side. It increased in size, until now it reaches above the umbilicus.

Operation March 26, 1897, at Good Samaritan Hospital in the presence of the class, Drs. Schoolfield and Gillespie assisting.

CASE II.—Miss D., æt. 32. Menstruation began at fourteen years of age, and was normal until about two years ago, since which time it has been profuse. For the last six months she has had to wear a napkin constantly. About the time menstruation began to be profuse she noticed a growth in the lower part of abdomen, which steadily increased in size up to the time of operation. On Saturday, May 1st, with the assistance of Drs. E. W. Mitchell and Wm. Gillespie, the abdomen was opened and this specimen removed, which you see is a fibroid uterus with appendages attached. In this case the supra-vaginal operation was done because the cervix was not involved, and the patient being engaged to be married, it was desirable to leave the vagina intact.

CASE III.—Mrs. J. F., æt. 41, married, was admitted to the hospital April 26, 1897. She has had the ordinary diseases of childhood; typhoid at five years of age. General health has always been good. Menstruation began at thirteen years of age; always regular every twenty-eight days, lasting three and four days. Flow painless and not excessive. Has had one child, aged seventeen years; one abortion at third month, eleven years ago. Recovery was complete from this, no evil results following. Bowels always regular. Eleven weeks ago patient had severe pain in pelvis, and was in bed four weeks. Physi-

cian pronounced it tumor. Since then has had no pain in particular. Menstrual flow for the last two or three years has been more profuse, lasting seven days. Present general condition excellent; appetite, bowels, temperature, pulse and respiration normal; urinalysis negative. Physical examination of the heart revealed mitral regurgitation; and of the abdomen a hard, irregularly-shaped tumor low in the pelvis; otherwise the physical examination revealed nothing abnormal.

*Dr. Hall.*—What did you use for ligatures—silk or cat-gut? Did you cut them long or short?

*Dr. Bonfield.*—All ligatures were silk, and all cut short. In the last two cases no drainage was needed; the peritoneal cavity was closed entirely. In the first case the adhesions to the pelvis had been so extensive I used drainage, and as the operation was completed in the anteroom not so much care could be taken. No catgut was used; all were silk.

*Dr. Taylor.*—I want to speak of Dr. Bonfield's cases. In all of these cases there was no sepsis. In reference to the suturing material, I think catgut is displacing silk. I have yet to see the first unpleasant result. My reason for resorting to catgut, which I always feared, is that in some of my cases I have had fistulas form because of the use of silk upon the broad ligament. Patients have left the hospital apparently perfectly well, then in the course of six weeks or two months they have begun to have pain and have returned. We could introduce a probe down to the stump, and it continues to discharge for months and months, in one instance coming off 18 months after the operation. With catgut you have no such complications. If you do get suppuration in the use of catgut in the abdominal wound, you know at least when you get through with it. For the same reason I have abandoned the so-called Halstead method of closing the abdominal wound. When you do get suppuration in a suture like that you have an immense amount of trouble, while if you use catgut and do get a stitch-hole abscess you are through with it in three or four days. I have had no trouble from the catgut in the peritoneal cavity, and I prepare the catgut like Mann, of Buffalo. I saw him operate a year or two ago, and he used catgut entirely. I was surprised with what freedom he does use it, and he never has any trouble from it. Since then I have used it as he does and have had no complication from it.

*Dr. Chas. L. Bonifield.*—In regard to the closure of the bladder, I think Dr. Hall's method is an admirable one, provided the tear is on that part of the bladder. We naturally cross up near the abdomen, but frequently in dissecting less inflamed appendages the tear is much lower down, that is, more nearly connected with the uterus. It seems to me to bring that part of the bladder up to the abdominal wall would be an unwise thing to do. It would materially interfere with the retaining power of the bladder. Of course it is possible that after the bladder has been used for some time the adhesions would stretch, but still I think it must give the patient a good deal of discomfort, unless the rent happened to be in a favorable location. I have closed the bladder with silk sutures, and have had no trouble so far. Of course sometimes our patients go to someone else, but as far as I know they have had no trouble.

With reference to the methods of complete hysterectomy and the Baer operation, I think very probably in Dr. Hall's cases the operation was done where the appendages were diseased and there was pus in the cavity, and the ligatures were slightly infected from the pus in the pelvis at that time, and for that reason his proportion of cases is undoubtedly large. I formerly did this Baer operation under these circumstances when operating for pyosalpinx or doing the supra-vaginal operation, but for the last year I have entirely abandoned that method in these cases. Drainage is required when there is pus. I never want to close the abdomen without drainage when there is pus in the pelvis. In the case of the larger tumor I was not satisfied with drainage from the top of the vagina, but put a hole through the posterior wall of the vagina lower down, because this mass had extended down through the vagina. But in perfectly clean cases it seems to me it is not absolutely necessary. My experience has not been so extensive as Dr. Hall's, but I know of some cases that have not had pus, and it seems to me with extreme care they will not have it. Ordinarily when I do the Baer operation I disinfect the cervical canal before I commence. After the uterus is cut off I mop it out with some very strong antiseptic, and denude the cervical canal at the upper end, cut out a wedge-shaped piece and bring it together with interrupted sutures, in no way connected with the line of sutures that close the peritoneum. So even should infection travel up, and should it infect the sutures, it is

not necessary it should infect the entire line of sutures across the pelvis. I hope in that way to at least attain results somewhat better than one case in four without pus.

*Dr. Rufus B. Hall.*—I want to say that my technique is that just described, only, if possible, sterilization is still more thorough. In placing the stitches in no instance has the silk-worm gut ever included the mucosa. I was thinking after I took my seat that perhaps someone would think I had done dirty work or I would not get these abscesses; but, as I said, none of those cases had pus immediately following. I grant, many of them had suppurating tubes or suppurating ovaries; I will say further that not within the two years, except in one or two tubal pregnancies and one or two pus tubes, not to exceed four or five cases in the whole period, did I ever hear of a ligature. And these were always bad cases.

I have had case after case without a stitch-hole abscess or a drop of pus, not a drop of pus about the line of incision in the abdomen, and not a drop of pus until weeks after and they had left the hospital. To me it is plain it infects through the vagina and it is an infection from the patient herself.

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## MELANGE.

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**Trained Nurses and the Public.**—Private nurses often suffer at the hands of the public from too much being expected of them—too much work in many cases, to sit up all night, and sometimes half the day, with only an hour or two for sleep, in a noisy room, with interruptions by foolish questioning—if nurse complains, the answer is ready, sister or wife sat up day and night for the first few days till they broke down; why should not nurse, and her trained to the work, do the same? They forget that nurse must not break down; if she does, she may have to starve. What they fail in doing for a day or two, nurse has to spend her life in doing; and if over-tired or sleepy she is the less a valuable nurse. Too much sympathy, indulgence which is bad for the patient and impertinent in the nurse, is often expected, and if not found, nurse is said to be so unsympathetic in her manner. Patients, too, expect that a nurse, like faith,

can move mountains; that a little woman should be able to haul a sixteen-stone invalid up and down the bed.

One nurse, having suffered much in the service of such a case, put her woes rather neatly by saying that the patient's friends expected her to be a judicious blend of an angel, a horse, and a steam-crane!

There is, of course, another side to the story. A nurse in a middle-class house with few servants may sometimes be an intolerable burden. Airs and graces, meals at all odd hours to be carried up to her, constant ringing of bell for coals and hot water. If she expects the conveniences of a hospital in a private house, there will soon be friction.

Her tongue often wags too freely. Gossip about previous patients, appalling and apocryphal stories of hospital life, its operations and its young doctors. Noise in the sick-room at night, and, worst of all, light for her book or her work, when the patient cannot sleep if a glimmer is seen in the room. Want of considerations in trifles. To hang an enema syringe to dry over a crucifix, will not be a way to win the heart of a high-church maiden. To turn the faithful old nurse out of her nursery will estrange, once and for ever, the shy and ailing child.—Joseph Bell, M.D., in *Scottish Medical and Surgical Journal*.

**Some Gems from the Recent Examination Papers.**—Dr. W. D. Hamaker, member of the Pennsylvania State Board of Medical Examiners, writes to the *Pennsylvania Medical Journal*:

There still remain a few people in Pennsylvania who think that an examining board is unnecessary; and there are a number in the medical profession who think that the examination should be very easy, and that no special stress should be laid on preliminary education. In order that the profession may know some of the ridiculous answers to questions and some of the evidences of lack of elementary education, I desire to give the readers of the *Pennsylvania Medical Journal* a list of some of the answers that I picked up in the recent examination held in June.

One applicant spelled tongue, "tong;" another spelled salts, "saults;" another spelled broom, "brougham;" another spelled ceratum, "serratim;" another spelled fly, "fley," and flies,

"flies." One young lady spelled sugar, "shugar;" another applicant spelled Spain, "Spane." Fir-tree was spelled "fur-tree;" another bright young man had a new way to spell rochelle, and spelled it "roachsheel," and another spelled pulse "pultz." and sore was spelled "soar;" another spelled pus, "puss." "Corputle," "pacients" and "beene" were found. In addition to the bright spelling quoted above, great lapses were found in grammar.

Some answers to the questions were quite amusing. The following are some of the most striking: "Hydrogen gass is degenerated from the urea." "Cantharides is derived from the root of the plant." "Pix liquida is from the *Pinus Somniferous* group." "Cantharides is derived from the destructive distillation of the Spanish fly." "The malar bone articulates with the occipital bone." "Picrotoxin is an alkaloid of senna and rhubarb." "Spartein and eserine are alkaloids of *somnis papverum*." One said that "Spartein was derived from Sparta," and another said it "was derived from Spartus." Another said that "vinegar was an antidote for mineral acid poisons;" and another stated that "An infusion of Spanish flies was one of the official preparations." Another gave us the information that "the uriniferous tubules secrete the seminal fluid." Another said that "belladonna locks up all of the secretions except the urine and feces." Another stated, without additional matter of any kind, that "the differential diagnosis between epilepsy and hysteria is that in epilepsy they fall on the stove and burn themselves, and in hysteria they don't." Turning to obstetrics we found one man who, in rigid os, "would decapitate or perform craniotomy, or would put on the forceps and deliver at once." Another, in performing version, "would put his finger in the child's mouth and bring the chin under the os pubis and hold his hand over the mouth to prevent the liquor amnia from choking it." Another stated that "the endocardium is a mucous membrane which weighs 2 oz., and is separated from the pleura by the pericardium." Another stated that "the function of the optic nerve is to contract the pupil and move the eyeball." A new diagnostic symptom was offered by another man, whose paper stated that "in cerebral hemorrhage the patient may vomit the cerebro-spinal fluid!" And yet all these men have diplomas!

**Errata.**—Owing to neglect in revising the translation of Dr. Kellogg's article in the Sept. JOURNAL, a large number of errors crept in, and, in justice to the author, we hereby append a list of the errata.

Page 129, line 3, "Potash" should read potassium. Line 7, " $C_6H_4(OH_2)$ " should read  $C_6H_4(OH_2)_2$ . Line 9, "Converted" should read produced. Line 9, "Into" should read from. Line 10, "Of water" should read of hydrogen. Line 11, "And at" should read boils at. Line 12, "It subsides" should be omitted.

Page 130, line 4, "Rival other means" should read to compete with other remedies. Line 18, "Basing himself upon this research" should read as a result of these researches. Line 22, "Acid" should read oxygen. Line 24, "Remedies" should read remedies some of. Line 25, "Single ones" should be omitted. Line 26, "As how practical they were in actual use" should read as their practical uses in therapeutics. Line 30, "Acid" should read oxygen. Line 30, "Since among" should read since known among. Line 37, "Examined" should read classed. Line 37, "From" should read under.

Page 131, line 9, "Over the mass of" should read the absence of. Line 19, "Sina" should secca. Line 28, "Heavy" should read horny.

Page 132, line 21, "Laid" should read caused. Line 21, "To his pupils to work up" should read to be worked up by his pupils.

Page 133, line 21, "Continues" should read ceases. Line 35, "For a skin" should read healthy skin.

Page 134, line 17, "Carmine-orange solution" should read tannin-orange solution. Line 32, "Of a rabbit" should read of a rabbit's ear. Line 37, "And the section stained" should read and sections cut and stained. Line 39, "5 per cent." should read 50 per cent.

Page 135, line 31, "And staining as above" should read and sections cut and stained as above.

Page 136, line 3, "Simplicity" should read similarity in action. Line 22, "Successful preparations" should read preparations examined. Line 23, "We admit of" should read we see in. Page 137, line 6, "Condition does not remain at" should read changes do not consist only of. Line 7, "It's different thick layer" should read in several thick lamellae. Line 10, "Skin layer" should read horny layer. Line 11, "To double the breadth" should read or double thickness. Line 11, "Cell-staining" should read nuclei-staining. Line 13, "Rod-form cells" should read rod-form nuclei. Line 14, "Retained" should be omitted. Line 14, "Closer examination, and in addition as" should read on closer examination especially where. Line 16, "The condition is concerned with" should read the changed condition consists of. Line 19, "Kera-

tolin" should read Keratohyalin. Line 23, "Cell layer" should read prickle-cell layer. Line 35, "This resorcinated prickle layer shows the effort made by the remaining healthy prickle layer which has remained whilst it ordinarily remains in combination with the resorcinated horny layer," should read this resorcinated prickle layer shows the effort it made to separate itself from the remaining healthy prickle layer, whilst it ordinarily remains attached to the resorcinated horny layer. Line 38, "Through this there enter" should read for this reason there appear.

Page 138, line 6, "Prickle cell and in their exit will be surprised in the commodious blood capillaries," should read prickle layer are taken by surprise in their exit from the adjacent capillaries. Line 11, "The matter concerns the," should read it is a question of a. Line 12, "Principally and not more" should read or of. Line 13, "The most certain" should read without doubt. Line 14, "Released" should read attracted. Line 15, "This often lies edgewise in a section so that the underside of a surface can be seen, and there can be seen throughout an entire net of long-drawn-out leucocytes, under which endeavor to obtrude itself at this point of the net of epithelial juice clefts" should read these often lie edgewise in a section so that the under surface becomes visible and there can be seen throughout an entire net of long-drawn-out leucocytes, which endeavor to obtrude themselves at this point into the net of epithelial juice spaces. Line 39, "Cellular layer" should read granular layer.

Page 139, line 5, "Upper layer" should read horny layer. Line 5, "Cell" should read nucleus. Line 18, "In a horny layer-like, but still different from a true horny layer, homogenous membrane" should read into a homogenous horny layer-like membrane, but still different from a true horny layer. Line 23, "Spontaneously" should read gradually. Line 25, "Cellular" should read granular. Line 32, "Various" should read other. Line 33, "The" should read its. Line 35, "Small and even" should read weak and feeble.

Page 140, line 6, "Vene" should read acne. Line 22, "Which can act in infection carriers" should read on infection carriers. Line 24, "Will be brought in contact with resorcin in their cultures" should read in cultures are brought in contact with resorcin. Line 32, "In" should read on.

Page 141, line 1, "5 per cent." should read 50 per cent. Line 21, "Reduced mitotic prickle layer" should read reduced prickle layer with mitoses.

## MISCELLANEOUS NOTES.

**Cod-liver Oil, eggs and brandy, every ingredient a nutrient—how much better than cod-liver oil, gum arabic, Irish moss, etc., etc.!** Messrs. Parke, Davis & Co.'s Egg Emulsion of Cod-Liver Oil is, without doubt, the most meritorious preparation of cod-liver oil ever introduced. It is a well-known fact that most of the cod-liver oil emulsions on the market contain less than 40 per cent. of oil, the remaining 60 per cent. and upward being made up of gum arabic, Irish moss, and other emulsifying and flavoring agents, which not only add nothing to the therapeutic value of an emulsion, but actually retard its beneficial action by untoward effects on the digestive organs. Messrs. Parke, Davis & Co.'s preparation is emulsified only with fresh eggs and flavored with a fine quality of brandy. It is certainly far more palatable and nutritious than anything of the kind we have yet had directed to our attention.

**Papine as an Anodyne.**—Dr. Theo. W. Peers, of Topeka, Kas., says: "I desire to report two cases in which I used Papine with very gratifying results. The first case was that of a man suffering with a non-operable case of epithelioma of the left side of the face. He had been operated on by a surgeon here, but on recurrence of the disease went to a 'cancer doctor,' who used a paste which 'burnt' out a large amount of tissue, and started up a very rapid growth of the tumor.

"When he came into my hands, in October, 1895, the disease was so extensive that to make him comfortable was all I could hope for. Morphine, cocaine and codein were tried, but with such distressing after-effects that they had to be abandoned. I then began using Papine, and two to four doses a day of a teaspoonful each kept him comfortable, with absolutely no unpleasant after-effects, and with no increase in the amount given per day. The rapidity of the growth was decreased so that he lived until June, 1896, whereas when I first saw him I did not think he could live three months.

"The other case was one of probable tubercular peritonitis. I used it for six months with no after-effects, and always with relief for the patient. I know of no other anodyne that could be used for so long a time without unpleasant after-effects and without increasing the dose." —*Gaillard's Medical Journal*, September, 1897.

### **Caroid.**

OFFICE OF JAMES S. KENNEDY, Physician and Surgeon.  
CHAMBERSBURG, PA., July 14, 1897.

CHARLES ROOME PARMELE CO., New York.

**Gentlemen**—I am of the opinion that the Charles Roome Parmele Co. should be considered public benefactors for placing upon the market such a splendid article as Caroid. The reason for my opinion is just this. From my childhood I have never been able to eat onions without experiencing the most terrible oppression. When I had read the statement that one should eat of the things which did not agree with their stomach and then take Caroid, the aforesaid company agreeing to pay all doctors' bills, I concluded that Caroid would be a good thing to have in the office when business was quiet and give the article to my friends to try. I did so, thinking they would speedily come back for a remedy to cure the indigestion. Not so, however; they came back for more Caroid, and there were no deaths; thus I con-

cluded to try it on myself. I had been hankering after a dish of young onions; so after making my will and attending to such business as is generally neglected until too late, I braced myself for the ordeal. I hid my revolver, locked up the poison case in my office, bid my family a tearful farewell, and sailed into the onions. "It is the unexpected which always happens." So it was in my case. I ate and ate and ate, expecting every moment to fall to the floor in the agony of cramp; but no—the Caroid was doing its work. Heaven has few pleasures equal to a dish which is fit to place before a king. That dish is onions; and especially so when one has not tasted them for several decades. That was my case. I feel that now I can defy the pangs of Indigestion, and shake my fist under his nose with impunity, knowing that he has no terrors for me or mine. "The Lord love and keep you in the hollow of His Hands" for discovering Caroid.

Yours with the reverence which we pay to royalty, and with the hope that your pathway through life may be as good as your Caroid, I remain,

Yours very truly, JAMES S. KENNEDY.



"If it's a Pill made by William R. Warner & Co., it's soluble." There's only a few words in the above sentence, yet they are words which will impress all who read them. The theme is not a new one. The name "Warner" has long had the word "solubility" intimately associated with it. While we congratulate Messrs. Wm. R. Warner & Co. upon the perfect preparations bearing their name, we cannot but state we do not see why they should not be perfect. Forty-one years in business constitutes a period during which a progressive house should be able to give to the profession perfect preparations. The pills made thirty years ago and exhibited at the American Medical Convention in Philadelphia proved to be as perfect and soluble as the day they were made. The following is suggestive that Messrs. Wm. R. Warner & Co. have been very successful:

LIBERTY, OHIO, June 9, 1897.

MESSRS. WM. R. WARNER & CO., Philadelphia.

Gentlemen—Last winter I unearthed a small vial of your Aloin Granules that by chance had been stowed away for twelve years. Having always used your Aloin Granules in my practice, I, of course used these; and, as far as I could determine, they were as efficient as the day they were made. I tried them on myself several times with results as good as could be wished for. I have kept a few as a curiosity. They are O. K.

Yours truly, J. H. ADAIR.

**An Antidote to the Two Great Symptoms.**—The value of Antikamnia consists in its rapid effect in alleviating the suffering of the patient while more radical treatment is working a cure. While endeavoring to rid our patient of his neuralgia, rheumatism, typhoid, intermittent or malarial fever, we secure his relief from pain and intermission of fever. We have, in short, in this drug, not a remedy for any disease, but a most useful antidote to the two great symptoms—Pain and Pyrexia.—*Medical Reprints*, London, Eng.

**Uterine Derangements.**—I have used Aletris Cordial in my practice for over a year, and to say that I am pleased with it does not nearly express the degree of my satisfaction. Aletris Cordial fills a long-felt want with me. Symptoms attending uterine derangements have always been perplexing to physicians, but with this remedy the trouble vanishes as dew before the rising sun.

L. M. MCLENDON, M.D.,  
Georgiana, Ala.

# THE ST. LOUIS Medical and Surgical Journal.

Whole No. 684.

VOLUME LXXXIII.—DECEMBER, 1897.—No. 6.

## ORIGINAL COMMUNICATIONS.

### PLICA POLONICA.\*

BY FRANCIS EUSTACE FRONCZAK, A.M., M.D., ETC., BUFFALO, N.Y.  
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Medical Examiner of the Buffalo branches of the Polish Union  
of North America; Polish R. C. Union of America,  
C. M. B. A.; Polish National Alliance, etc.

### A REVIEW OF THE LITERATURE ON PLICA POLONICA.

#### SYNONYMS.

*Latin.*—Affectio Sarmatica, capillitium intricatum, capillorum conspurcatio, aglutinatio, complicatio, contortuplicatio, etc., pilorum inexplicabilis, indissolubilis, etc., conglutinatio, implicatio, intricatio capillitii, cirragra, cirragra Polonorum, cirragra, coma Cæsarea, dyscrasis plicosa, ephyma trichoma, helotis, lues Coltonica, lues cornificative, lues pocutiensis, lues Polonica, lues Sarmatica, lues trichomatica, lues unguium et capillorum, morbus cirrorum, morbus cirrhorum, morbus coltonosus, morbus coltunosus, morbus capillitii. Hebræorum, morbus pilaris, morbus Polonicus, pestis Polonica, plica, plicagra, plicatio, plicatura, plica Belgarum, plica cachectica, plica capillitii, plica capillitii Polonica, plica capititis Medusæ, plica Germanica, plica cirrhorum, plica Judæorum, plica legitima, plica nobilis, plica Polonica, plica Polinica, plica Polonica Judaica, plica Russica, plica Saxonica, plica Solocia, plica vera, plica villosa, plicomata, plico-

\*A Graduation Thesis awarded an honorable mention by the Faculty of the Medical Department of the University of Buffalo.

*mastix*, *plicomatrix*, *rhopalosis*, *stenagra*, *triasis*, *tricæ*, *tricæ capillorum*, *tricæ incuborum*, *trica Polonica*, *tricæ scrofulorum*, *tricæ scrophorum*, *trichiasis capitis*, *trichinosis plica*, *trichoma*, *trichomatosis*, *trichomycosis*, *trichonosis*, *trichonosos*, *trichosis*, *trichosis plica*, *trichoschisis Polonica*, *vegetatio pilorum morbosa*, *ulcus capilli*, *villæ*, *vitium capillorum*.

*German*.—*Alpzopf*, *Bichtelzopf*, *Bilbitzen*, *Bilwitzopf*, *Brantweinlockenzopf*, *Drudenzopf*, *Elfenklatte*, *Faltenzopf*, *Baarenzopf*, *Hexenzopf*, *Hollenzopf*, *Judenzopf*, *Mahrenflechte*, *Mahrenklattenlocken*, *Mahrenlocken*, *Mahrzopf*, *Polnische Kopfaffection*, *Polnischer Haarschmerz*, *Sellenstreet*, *Schröleinopf*, *Schrottlingszopfe*, *Trudenzopf*, *Weichselzopf*, *Weinlockenzopf*, *Wichselzopf*, *Wichtelzopf*, *Wirbelocke*, *Wirbelzopf*, *Wirkunglocken*, *Wixelzopf*.

*Polish*.—*Choroba Nadwiślańska*, *gościec*, *gwoździec*, *kędziory*, *kołtan*, *kełtek*, *kołtki*, *kołton*, *kołtun*, *kosmy*, *kozub*, *kozubek*, *krzeczyce*, *krzyczyce*, *kudły*, *skrzot*, *skrzystek*, *strzyg*, *swozdziek*, *szetek*, *ttuk*, *Wiewszczyce*, *Zmora*.

*English*.—*Cachectic plica*, *felted hair*, *plication*, *plicated trichoma*, *plicature*, *plicomatous tricopathy*, *plicose hair*, *Polish Jew plait*, *Polish plait*, *Polish pleight*, *Polish plight*, *Polish ringworm*, *the Polish hair disease*, *trichome*.

*Belgian*.—*Hairvlegt*, *eenvlecht*.

*Bohemian*.—*Krtice*, *ziwy wlas*, *hozd*.

*Croatian*.—*Gvazdjec*.

*Danish*.—*Marlock*.

*French*.—*La plique*, *plique polonaise*, *ploit polonaise*.

*Greek*.—*Απόστασμα θριχῶν*.

*Hebrew*.—*הַרְעֵשׁ כְּפֹרֶת קְלִיאָס* (*arygas k'lias*).

*Hollandish*.—*De poolsche vlecht*.

*Italian*.—*Il foletto*, *la trecia della fata*.

*Red Russian*.—*Piplesze*.

*Russian*.—*Комычъ, вбодр*

*Southern Saxony*.—*Sellentost*.

*Serbian*.—*Gosdz*, *willa*.

*Silesian*.—*Hoscz*, *hozdz*.

*Slavonian*.—*Gvozdje*.

*Swedish*.—*Hartofwa*, *Martofwa*.

*Welsh*.—*Pleth*.

These synonyms in twenty-one languages have been collected from every conceivable source, *i. e.*, from literature upon the subject and from people with whom I daily associate.

Some of the names differ from one another only in spelling, others are simply translations from one language into another. In some places and at certain times, the plica was named in honor of a deity or demon; in other places it received its name from the country or surroundings; again, from its external appearance. This is by far the longest list of synonyms on plica ever compiled, and hence may be an addition to the literature pertaining to the subject.

Our mind is not a blank card on which can be written anything and everything that some may desire. It always has some general idea on some subjects, and accordingly judges, weighs and logically concludes whether or not the idea brought to it is thus or otherwise. We must utilize education, that structure built in our mind of material brought to us by study and experience, and united together, partly by intelligence and thought, partly even by imagination. These agents are varied in various people and at various times. Now, it is imagination which controls the mind, and erects fantastical castles in the air, without foundation or cause; again study, research, experience obtain the upper hand and guide us on the path to true scientific knowledge. A mind which is unable to recognize theory from a fact, truth from a fancy, never has the courage, never has that certainty to speak out its own thought. Such a mind depends for all its thinking, for all its knowledge upon the mind, intelligence, thought, and logical conclusions of others. These it accepts, it clings to their theories with greater tenacity than their author himself, for it knows not how to theorize, knows not their formation overcoming doubts and uncertainties, nor does it know how to destroy the theories of others. That mind takes the food brought to it, tastes it, swallows it, never however digesting it properly.

A recent writer has said: "What is characteristic of these modern days so far as medicine is concerned is the high place we assign to the study of a disease." In presenting this thesis before the Honorable Faculty of the Medical Department of the University of Buffalo, I desire to state that I do not for one

moment entertain the idea that it shall at once throw a light of sufficient strength on the subject of plica, as to enable any one to say at the first glance that "the question of plica is settled." Far from it; it is only a brief review of what others have said and done, with enough new matter to give it considerable taint of originality.

A question may be asked by some one why I selected this subject for my thesis. I shall answer it in these words of Aemil J. Brachvogel:

"As lepra among Jews, Syrians, Phoenicians; elephantiasis, as shown by Galen, among Egyptians; in Archipelago of Western Indies 'Mal de Barbados,' scurvy among northerners; arthritis and rhachitis among English; scrophulosis in North Germany; bronchocele among the dwellers of Alps and other mountains in Styria, Carinthia, and Hungary; icterus in Central France and Spain; podagra among Neapolitans; so *trichoma* (plica) among Poles. And as each disease is a protection against others, so *plica Polonica* defends Poles especially from blindness, deafness, paralysis, apoplexy, etc.\*\*

It is not because I believe the last assertion, but because plica is most commonly found among my countrymen, that I undertook to write on it, and although ridiculed for doing so, still with "odi vulgus profanum" ringing in my ears, I set to work only with an increased vigor.

#### DEFINITION.

Plica is the colglutination and contortion or matting, felting and twisting of the hair on any part of the body, hence of the hair of the head, beard, axilla and pudenda.

#### OCCURRENCE.

The home of plica is placed in various countries. Tartary, India, Palestine, Province of Pokucie, at the foot of the Carpathian Mountains, and other places are mentioned as the cradle of trichoma. At present it occurs endemically mostly in Gallicia (Austrian), Province of Posen (Germany), Poland in Russia, on the banks of the Vistula, Dnieper, Oder, Niemen and Danube, at the foot of the Carpathian Mountains.† On the shores of the

\*Aemil J. Brachvogel: "Plica est morbus sui generis." Dissertation defended in the Literary University of Frederick Wilhelm in Berlin, Dec. 12, 1838.

†Dr. Charles Weese: "Uber die Pl. Pol. ein historischer versuch." Rust's Magazin 25 Band, 2 Heft, p. 301-349, 1827.

East Sea, then in Lithuania, Croatia, Slavonia, Ukraine, Samogetia, Bukowina, Podolia, and Silesia. Pestonji\* has seen it in East India. Vedder† describes it on the Island of Anno Bom, which is a small island about 30 miles in circumference, and lies southwest of Africa, 80 miles south of the Equator, and 200 miles from the nearest land of the African continent. It is hot and damp, with rain and mist as predominating weather. Vedder writes of plica that he saw on the inhabitants of this island a "peculiar disposition of their hair, or rather wool, which hung down from the head in numerous frizzled curls, resembling the bullion of an epaulette, and attaining a length of six to eight inches."

D. Helwig, L. Schreck and others speak of its existence quite often in Hungary, Belgium, Alsace, on the banks of the Rhine, and in Switzerland. Sporadically it occurs in Spain, Moldowallachia, Southern Russia, South Sea Islands, and not so very rarely in America.

In other words, it is seen not only on the shady banks of the Vistula, Queen of the Polish rivers, on the treacherous waters of the Danube, in the jungles of Asia, South Africa and Pacific Islands inhabited by the savages and aborigines who never heard of the use of comb and brush, but also in our country, not only on the head of the sparse trapper in the virgin forests of the Western States, but even in the civilized and cleanly Queen City of the Lakes, which bathes its face in the billows of the blue waters of Lake Erie. Its occurrence is therefore universal. Plica selects its home and abode wherever it finds the proper soil for its growth. In every place—hideous, disgusting, functionless, a monument to uncleanness.

"*Etiology is the key of modern therapeutics;*" hence it should always take precedence in the discussion of any disease, or morbid condition, if the treatment of same is to be rational and effective. To consider, weigh carefully, criticise and reflect before each individual theory advanced in times past, would by far exceed the limits of my paper, and hence I shall only give a brief résumé of some of the hypotheses brought forth.

\*Sinsha Bamanji Pestonji. "On a case of neuropathic plica," in Lancet, 1895, Vol. II., p. 431.

†Alexander Vedder. "Plica Polonica, an endemic disease at the Island of Anno Bom." The Am. Jour. Med. Sc., Vol. xxxix., pp. 363-364, Phila., 1860.

The origin and etiology of plica is in many places strongly united with historical data, and hence I shall write in this chapter on

#### ETIOLOGY AND HISTORY OF PLICA.

Dr. Woods Hutchinson, in his lectures on Comparative Pathology, named the demoniac theory as the cause which in early times was considered to be at the bottom of all diseases and ills which afflict the human flesh.

That this was the original theory of plica is made evident by the various appellations under which it was and is known. Villoe, skrzot, skrzytek,\* il folletto,† and many others in the Serbian, Slavonic and Italian mythology and folk lore. Plica was called thus originally by the superstitious and credulous with the idea that these suprahuman beings would defend, protect and cure them from all and every illness.

Haur‡ in 1693 wrote as follows: "It (plica) usually happens from being bewitched, and the Jews were even suspected, but as they also suffer from it (plica), we can hardly write of it." This theory of course is interesting only as far as it was a typical primæval cause assumed by the pagans and uneducated Christians.

*Idiosyncrasy* in the past was considered to have a marked influence on the spontaneous origin of plica. This cause "sine qua non" no disease has been as yet described, was of course very short lived.

Cressius§ in 1682 brought to view a most astonishing and novel cause of trichoma. He says that many women consider themselves to be of an illegitimate birth if they did not have plica; so women, by all means, tried to develop it. With this view many exciting causes were employed to aid in the production of plica. Amongst such causes may be mentioned the use of liquid tar, resins, wax, honey, fats, oils, sand, foreign hair and other extraneous material, together with the continual use

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\*M. F. Ritter von Ogończyk Zakrzewski: Medizinisch literarische Geschichte des Wechselzopfes. Wien, 1830.

†I. G. a Grafenberg Schenk: Obser. Med. rarior. de capite humano. Lib. I. obs. 13. Basileæ, 1584.

‡Jakób Kazimierz Haur: "Skafad albo Skarbiec znakomitych sekretów, etc." (A collection or treasury of wonderful mysteries.) De Plica, Chap. 59, p. 418. Cracow, 1663.

§S. Cressius: "De Plica: germanice, Wichtel-Zopff." Heidelbergæ, 1682.

of close fitting caps,\* shawls, wigs, and lack of attention during the periods of confinement to bed. Such measures favoring the matting of the hair, and retention of scalp secretions, were thought to be beneficial and remove any stigma attached to the person thus culturing plica.

As in the Franco-Russian war of 1812, there were many cases of plica among the French soldiers, I was anxious to learn if any cases were reported during our wars. So I wrote to the Surgeon-General's office in the War Department at Washington, asking for information on that point. The following answer will suffice to show that either our soldiers were very cleanly in their habits, or that the hairs of the Americans are not in proper condition to mat. We can however say that the French soldiers going north to Moscow wore *heavy helmets and warm head-gear, producing perspiration of scalp.* This, added to uncleanliness due to the hasty retreat, might have brought about matting of the hair. American soldiers, on the other hand, in the Mexican and civil wars, had very light caps, and as they mostly fought in the South they very often took their caps off in order to cool themselves, and moreover, they never were on such prolonged marches and in such conditions as the French in 1812, and hence their hair was kept more properly.

The letter was as follows:

WASHINGTON, D. C., November 19, 1896.

DR. FRANCIS E. FRONCZAK,

508 Fillmore Ave., E. Buffalo, N. Y.

Dear Sir: With regard to your inquiry of 15th inst.—concerning plica Polonica in the soldiers of our Mexican and civil wars—I have had inquiry made upon the subject, but do not find in the records of this office any note of the disease. Had plica Polonica appeared among our soldiers at any time, our records would show it. I am satisfied, therefore, that there were no cases, at least none worthy of report, or which would be of interest in your research.

Very truly yours,

D. L. HUNTINGTON,

Depty. Surg.-Genl. U. S. Army.

Librarian, S. G. O.

\*Dr. Lucien Howe.

Plica of the pubes in the male results from the admixture of semen,\* secretions, urine and dirt. In the female from urine, menstrual and parturitive blood and secretions. In the newborn, in which the so-called plica is seen, it is in all probability due to vernix caseosa. This kind of plica neonatorum is known as plica congenita vel innata.

The etiology and description of plica was well studied by various men, with every means at hand, as early as the fourteenth century.

In 1325 Prostieyowsky wrote a dissertation in the Bohemian language calling this disease "krlice." This seems to be the earliest writing on the subject.

In 1564 Stadler and Mock mention "tricæ incuborum," which even before their time were known in Germany. The first mention in book form from a Pole on this subject appears to have been in 1578, by Wojciech Oczko,† who was a physician to Stefan Batory, the Polish King who ruled from 1576 to 1586. In 1581 Oczko published another book at Cracow on syphilis. In this he speaks of plica as it existed in the Polish Province of Pokucie, in the southern part of Halicz, beyond Dniester and between Bystrzyca and Czeremasz, in the city of Gwozdziec.

In 1584 John George Schenk von Grafenberg‡ describes it as being an endemic disease on the banks of the Rhine in Alsace and Belgium, and that it existed there for over fifty years in that vicinity.

On October 31, 1599, appeared a letter, famous in the literature and history not only of plica, but also of syphilis, written by Laurentius Starnigelius, Rector of the Academy of Zamość, to the Professors of the University of Padua, describing syphilis, under the name of plica, thinking that they were one and the same condition or disease. This letter first appeared publicly in a voluminous book on plica, published at Padua in 1600, by Hercules Saxonia.§ Beside this letter, which was authentic and which appeared also in other books and writings, there are two very interesting chapters, viz.: Chapter IX., which is entitled,

\*Henryk Dobrzycki: "O koitumie," p. 103. Warsaw, 1877.

†Wojciech Oczko: "Przymiot albo dworska niemoc." Cracow, 1578.

‡J. G. a Grafenberg Schenk: "Obs. med. rarior. de capite humano." Lib. I. Obs. 13. Basilea, 1584.

§Hercules Saxonia: "De Plica quam Poloni gwozdziec, Roxolani Koltunum vocant." Patavii, 1600.

"An sidera possint esse plicæ causa," and Chapter XI., "An Maleficia possint esse causa Plicæ." The quotation of the titles of these two chapters ought to be a sufficient proof of the instructive value of Saxonia's book.

In 1600 I. Thomas Minodus, in his "De morbocirrorum sive de Helotide, consultatio, Patavii XV. Cal. Jan. 1599," describes a discussion held over Starnigelius' letters in the Padua University.

From 1600–1627 there were published no less than 21 books in Polish and Latin on plica.

In 1627 Erasmus Sixtus, in his "Commentarius Medicus," says that plica first appeared at the foot of Bieszczaw (East Carpathians), in the Province of Pokucie, that it spread into the departments of Samborz and Stryj, Austrian Galicia, and followed the rivers Dniester, San, Stryj and Lissa.

In 1628 Joan Colle\* and Daniel Sennert† wrote about plica in their books on "Medical Preparations" and "Practice," respectively.

Nothing of importance was issued in the plicomatous literature until Joachim Pastorius de Hirtemberg appeared on the horizon with five editions (1641, '42, '64, '69 and '79) of "Florus polonicus seu Polonicæ historiæ epitome nova." In this book appeared the following on plica: "Ferunt enim a transeuntibus Tartaris immissis humanis cordibus, quæ veneno imbuerant, infectas aquas nova morborum genera-peperisse, quorum ut causa diu fefellit medicos ita soboles hodieque in inexplicabili tricarum contagie quam plicam vocant, creditur vulgo superesse." (Cap. xiv., lib. ii., No. iii., pp. 95 and 96.) Wonderful! Professor Adamowicz says that Pastorius heard this story from suffragan Bishop John Skuminowski, while collecting the material for the first unabridged history of the Polish nation. The third invasion of the Mongols into Poland was in 1287 or 1288 (authorities differ). Leszek the Black (1279-1289) was then King of Poland. Since that invasion we see that quite a number of authors wrote on plica, and no one until Pastorius, who lived in the seventeenth century, made this great discovery as regards plica's history.

Several of the writers on plica, and among them Dr.

\*Joannes Colle: "Method. facile parandi medicamenta." Venetiis, 1628.

†Daniel Sennert: "Practicæ Medicinæ." Lib. vi., lib. v., par. 3.

Ogoficzyk Zakrzewski, investigated the Mongolian literature on this subject, and they do not find plica mentioned; therefore some doubt occurs whether the Mongols were afflicted with plica.

Jan Długosz or Longinus (1415-1486), the first Polish historian, and a very famous man in Polish literature, who chronicled his country's history from the earliest periods to the time of his death, is said to give the same version of its origin.

When Casimer I.,\* King of Poland (1040-1058), ascended the Polish throne, the youthful Pope Benedict IX. (1033-1045) ordered him that the Polish people should have their hair cut short; this to be a reciprocal act on the part of the Polish people for the Pope's absolution of Casimir's vow. Casimir, as we know, was desirous of spending his days in the cloister, and he was at the time of his elevation to the throne in the abbey at Clugny, in France.

This is interpreted by some that the Poles at that time suffered from an epidemic of plica, and that the papal order was to rid the nation of this disgusting hirsute adornment. Yet we know from the old Slavonian writings and songs, that even before the papal order the Slavs had a church rite called the "postrzyzyny," or the hair-cutting, and hence I see no reason why one fact of hair-cutting should denote existence of plica, and the existence of a similar act long before should be recorded as a simple rite. By analogy we find still better proof of the existence of plica in the pre-Christian era of Poland, that is before the year 965, in the Polish names for plica, derived from old Slavonic deities and also of such derivations that did not exist at such times.

Another author says that the Polish prince Przemyslaw was blind and had plica. With the removal of the plica he regained his sight. Dr. Filipecki, however, in 1810, wrote that there must have been some interchange of names, for Mieszko, another Polish prince, was supposed to be in this condition, and that it was Mieszko and not Przemyslaw who had plica. At any rate, these authors speak of the origin of plica as being in the neighborhood of the year 950.

On the other hand, the story of the Tartars bringing the disease into Poland and into the West is believed by very many writers. Some unknown writer thought that plica existed in biblical times. To support this idea we have the following portion of the scripture which may relate to this condition.

\*Schlegel.

We read in the holy script in the XIV. Chapter of Judges, that Samson tore a lion to pieces, and after some days he was returning the same way to a woman in Thamantha whom he was to marry, he stopped on the way to see the carcass of the lion, and he found a swarm of bees in the mouth of the lion, and a "honeycomb." "And when he had taken it in his hands, he went on eating," etc.

In Chapter XV. we read that at the place of Ramathlechi this same Samson drank water which issued from an opening "of a great tooth in the jaw of the ass" and that "when he had drank them (waters) he refreshed his spirit and recovered his strength."

Now, do not these two facts of eating honey and drinking waters from a decaying jaw of an ass fully agree with the theories of many authors on plica, which I shall mention, that the same develops in people who eat sweets of that particular kind and drink decaying waters? for water that issues from the cavity of a tooth of the jaw of an ass that has lain long on the ground can be no other than contaminated with decaying organic matter.

In Chapter XVI. Judges we find the proof that Samson did not take proper care of his hair, for verse 17 reads thus: "Then opening the truth of the thing, he said to her: The razor hath never come upon my head: for I am a Nazarite; \* \* \* if my head be shaven, my strength shall depart from me, and I shall become weak, and shall be like other men."

In verse 19 same chapter: "\* \* \* and she called a barber and shaved his seven locks (of these seven locks of hair on his head we read in verses 13 and 14): and began to drive him away and thrust him from her: for immediately his strength departed from him."

Does this not agree with the views of these ingenious writers, that in plica there is strength, for what were the seven locks of hair than a caudiform or longiform variety of plica with seven strength-giving trichomatous braids? which strength immediately deserted him upon the removal of his plica.

Continuing, however, verse 22 reads as follows: "And now his hair began to grow again." Samuel, the author of the book of Judges, does not state whether the new crop of pilous appendages was matted or in locks. Samson's strength returned.

Does not all this agree with the statement of many authors

that plica in man and beast was and is "a tower of strength"? I am quite sure that the other instances which were in the various authors' minds when they spoke of the biblical plica could be found, provided we had the time to read the whole bible and sufficient amount of imagination and ingenuity to make the proper deductions.

This fact of Samson's plica ought also to be ample proof of the great age of plica, for the book of Judges was written about 1056 B.C.

Plica's antiquity is proved also by other means, for after the biblical times, Hippocrates (460 B.C.-370 B.C.), the "Father of Medicine," is supposed to speak of it in his book "De Carnibus." Aristotle (384 B.C.-321 B.C.), the Greek philosopher, speaks of it in his works "On Generation of Animals," book 5, chap. 4. Ovid (43 B.C.-A.D. 17), the Roman poet, is interpreted to sing of it in book 4 in Fable X. of the Metamorphosis:

"Quantus erat mons factus Atlas, nam barba comæque  
In sylvas abeunt."

The mythological personages of Gorgon, Medusa and Furiae were all supposed to have plica.

In the Christian era, Claudius Galen (A. D. 130-200), the Roman physician and medical author, in book XIV., c. 18, of his "De methoda medendi," \*\* \* \* has known the hair to become conglutinated," and again: "The hair became slimy due to juices which came through the skin."

We come therefore from Galen's theory to the very commonly accepted theory of many diseases, namely the *Humoral theory*, which we know is *Dyscrasia*.

I. Abraham Gehema\* in 1683 speaks of "viscida et glutinosa materia" in the hair.

About a hundred years earlier Peter Słowacki† writes of the "plicomatous blood," and hence no cure for plica.

Bonfigli‡ speaks of a trichomatous substance in the blood due to fermentation. This is one of the classes of matter which are in the blood. Thus there is a gummy substance—mucus, a resinous substance—ear wax, also fatty and sebaceous substances.

\*Abraham Gehema: "De morbo vulgo dicto plica polonica literulæ." Hamburg, 1683.

†Peter Słowacki (Acad. Cracow. prof.): "Observatio de Plica." Cracoviæ, 1587.

‡Onuphrius Bonfigli: "De Plica Polonica tractatus medico Physicus," etc. Vratistaviæ et Lignitz, 1712.

All these are in blood in a crude form, and it is only after passage through the skin or mucous membranes that they are reproduced in their true form. This trichomatous substance is the result of a fermentation of sulphur, salts, fats, etc., in the blood, and these originally came from water, with which the waters of Poland abound plentifully. The sulphur is from extinct volcanoes and springs, salts from the air and mineral springs, fat from petroleum, naphtha, camphor, amber, asphalt, etc. Stagnant pools, lakes and swampy lands, decaying organic matter and many other causes all uniting with the growing vegetables and plants, which, when eaten by cattle and men, work their nefarious fermentation, and plica is the result.

This shows what an inventive genius and imagination can do.

Connor\* also ventures the humoral theory, on the authority of some one else however. In Dietl's report† some physician thought that plica was due directly to change in the blood due to poisoning. The presence of plicomatous viscid substance in lymph was also advanced by several physicians who studied this condition.

*Diet* has time and again been quoted as a cause of a number of various diseases. Thus, it is the popular belief that tomatoes favor the formation of cancer, and that paresis, or so-called "softening of the brain," is caused by eating young veal. Linseed oil has been quoted by various authors as the cause of plica. It is said that the Poles eat more food fried in linseed oil than any other nationality; still it is evidently puerile to think that linseed oil should possess such a peculiarity. To milk diet has time and again been ascribed the crime of producing plica. If that were the case, all our typhoid patients, all our sick suffering with gastric troubles, and a host of others, would suffer from plica, if the responsibility of causation of plica could be placed at the door of milk. Most probably it is another case of "*post hoc, ergo propter hoc.*" Larry, Bonfigli, and a number of physicians who gathered the data for Dietl, put milk, and diet in general, among the causes of plica. Cichocki‡ quotes the fact that some ascribe to the eating of horse flesh as one of the causes of plica. If that were the case, quite a proportion of the

\*Connor: "Beschreibung des Königreich Polens." Leipzig, 1700.

†Jan Dietl: "Sprawozdanie Komisji w. Tow. Nauk. Krak., etc." Przegląd Lekarski p. 2, June 21, 1862, Cracow.

‡C. Cichocki: "De historia et natura plicæ polonicae." Berolini, 1835.

people of Paris, London and New York would suffer from plica, for horse flesh as a food-product is extensively eaten by these people. Eating rich foods and drinking old Hungarian wines is quoted by Cressius\* and a number of others as causes of trichoma. Again, if that were the case only the rich would be afflicted with plica. Sauer-kraut, pickles, and other sour vegetables, also putrid fish, are accused of aiding in the production of plica. Eating foods which have not been sufficiently salted is quoted by Natanson.† At this rate we may mention any and every food, provided the person having plica eats that food for some time, neglecting cleanliness, toilet, the use of comb and hair-brush.

*Water.*—Mineral waters from particular rivers, as Vistula, hence Weichselzopf, waters from swampy lands, waters from mountain torrents, sulphurated waters, ferruginous, carbonated, and heaven knows what others, have all been convicted time and again on the charge of high treason—having led the unwary drinkers into the ambush of tasting them, with the development of plica as the supposed consequent result.

*Climate, season of the year and locality*, have also in turn been held responsible. In the report of the Cracow Scientific Society,‡ among the causes reported by physicians we read such contrasting views: Some say that neighborhood of valleys, rivers and lakes, others that hills and mountainous regions, still others say that low lands and intrarural villages produce the majority of plicomatous subjects. Heat, cold, changing weather, rain, mist, and every other variety of climatological possibilities were accused.

Amongst the *constitutional causes* have been mentioned rheumatic acrimony, gouty diathesis, scorbutic|| and rhachitic changes, modified syphilis.¶||

Plenk\*\* †† thought that it was "*acrimonium sui generis*," due to chronic diseases, especially the venereal, scorbutic and

\*S. Cressius; "De plica: german. Wichtelzopf." Heidelbergæ, 1682.

†Ludwik Natanson. Warsaw, 1855.

‡Dietl's "Sprawozdanie Komisyi Tow. Nauk. Krak., etc." Prezeglad Lekarski, p. 1, June 21, 1869. Cracow.

||D. Boesius: Spec. path. therap. "Observatio de plica." Resp. J. D. Pillingio. Jenæ, 1687.

¶F. L. de Lafontaine: "Traité de la plique polonaise." Paris. 1808.

||Larry, 1813.

\*\*Jos. Jas. Plenk, "De morbis cutaneis," p. 120. Viennæ, 1776.

††"Zbiór zasad chirurgicznych." (Author unknown. Translation from Plenk).

arthritic; also gout, rheumatism, glanders, malignant tumors, ulcerations, leprosy, and many others. Selle\* thought it was a skin disease, as did Alibert†, who ventured the opinion that there was an acute and chronic plica. Appearing in some eight days, in others taking weeks and months. He points to Pakebrock's "Life of St. Wladislaus" as having its origin in the seventeenth century. Those of a phlegmatic or lymphatic temperament were supposed to be most prone to it. Bonfigli‡ puts irregular menstruation as one of the causes.

It was said often to occur secondary to serious constitutional ailments, "any acute or chronic affection of the brain, or of the viscera of the chest or abdomen," its relation to the primary trouble being considered in about the same light as the skin manifestations in many specific fevers. Simple felting, unaccompanied by any disease of the scalp, is often produced in the hysterical, but always after some such exciting cause as wetting of the hair.

Early in the present century reference was made to this condition as resulting from increased vital function of hair bulbs. Lebert writes of it as "disease of hair follicles, parasites, if present appearing later." Pliancy of hair, that is, the virtue which the hair possesses by means of which it can be suddenly bent and twisted without fracture, is also considered as a predisposing cause of plica. This is very probable, and, as a factor, has long since been accepted by many. The hydroscopic property possessed by hair has been said to have some influence in the production of plica.||

*Supra-abundance of sebaceous glands* on the scalp is put down as a cause by Bonfigli and others. Cazenave§ speaks thus on this very point: "la plique n'est autre chose qu'une hypersécretion de la matière sebacée, en un mot, qu'une acné sebacée du cuir chevelu." This was disputed by Hebra\*\*, that pre-eminent Viennese dermatologist, about 1860, who expresses himself thus: "All these observers (meaning the physicians who live in

\*Jos. Selle: "Medicina Clinica;" p. 230. Berlin, 1788.

†I. L. Albert: "Description des Maladies de la peau." Paris, 1806.

‡H. Onuphrius Bonfigli: "De plica pol. tractatus medico physicus, etc." Lignitz, 1712.

§A. J. L. Jourdan. Paris, 1808 and 1820.

||Henryk Dobrzycki: "O Koitunie." Warsaw, 1877.

¶M. Cazenave: "Traité des Maladies du cuir chevelu." Paris, 1850.

\*\*Ferdinand Hebra: "On disease of the skin, including exanthemata." Translation from German by C. Hilton Fagge, London, 1866. Vol. I., pp. 107-108.

Poland and also those who, by their position or place of abode, or in the course of their travels, have been brought into contact with cases of this kind) have come to the conclusion that the disease which they have seen may be due to a variety of causes, and does not arise simply from an accumulation of sebum." Notwithstanding Hebra's views, there are many to-day who still believe Cazenave's theory, adding, however, that by scraping the sebum away, no plica will be developed. Hebra's opinion as to the true formation of plica I shall quote in proper place. Dr. James C. White\*, of Boston, suggested that the condition may be caused by some different arrangement of cells in the cuticle of the hair, corresponding to that of the hairs of those animals in which natural felting or matting takes place.

"Preverted nerve influence," writes Dr. Park† in *Surgery by American Authors*, "is an explanation which probably has in it more than we can at present distinctly define. The influence of the nervous system over cell growth and changes, and consequently upon tissues, is by no means yet well defined, and is a subject upon which investigational changes is readily conceded by all, but the laws which regulate it are not yet understood." This was written in reference to the causation of cysts and tumors. Among the advocates of our times, Ohmann-Dumesnil‡ and S. Jaroschevski|| are the strongest believers in this theory. The former, in a clinical lecture to the senior class of the Marion-Sims College of Medicine at St. Louis, said it was a peculiar disease indicating a disturbance of nutrition, and that such a disturbance of the nutrition in the pilous system is indicative of trophoneurotic disturbance. Same opinion is shared by Jaroschevski. Pestonji¶, of Bombay, India, also thought that nervous influence, in some way or other, had something to do with formation of plica in certain cases.

\*Henry W. Stelwagon: Report of the Am. Dermatological Ass. Meeting, Sept. 24, 1890, at Richfield Springs, N. Y.

†Roswell Park: Editor of the "Treatise on Surgery by American Authors." Vol. I., p. 387. Phila., 1896.

‡A. H. Ohmann-Dumesnil: "Plica Polonica." Internat. Clin. Phila., 1894, II., 342-346.

§A. H. Ohmann-Dumesnil: "Plica Polonica: some considerations on its etiology and pathology." Internat. Med. Mag. Phila., 1893, II., 514-520.

||S. Jaroschevski: "Plica Polonica acuta." Meditsina. St. Petersburg, 1891, III., 662-665.

¶Dinsha Bamanji Pestonji: "On a case of Neuropathic Plica." Lancet. London, 1885. Vol. II., pp. 431-432.

*Heredity.*—The theory of the transmission of plica by heredity and by contact has been advanced and defended by Bonfigli,\* La Fontaine†, and a great many others. La Fontaine† writes that this “is one of the most formidable, disgusting and fatal diseases. It is *contagious* and often *congenital*; its causes are *constitutional*, and its effects most destructive. Cured with the utmost difficulty, and, when cured, often followed by more formidable diseases, requiring a reproduction by *inoculation* of the original disease to save the life of the patient.”

Larrey‡, on the other hand, says that “it is a modified syphilis produced by diet, climate and neglect, *not contagious, never congenital*, and cured easily by attention to cleanliness where absurdities of prejudice and quackery are not allowed to prevail.”

Here are two extremes. Both men of recognized ability, one a surgeon to the last Polish King—Stanislaus Poniatowski—the other a celebrated French surgeon (1766-1842), who labored long and diligently in the field of modern surgery and medicine. Modern science tempts us, however, to accept Larrey’s theory in the main as the more probable.

[TO BE CONTINUED].

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**Editorial Amenity.**—The editor of the *Cleveland Journal of Medicine* writes as follows of a journalistic colleague:

The editor of the *Louisville Medical Monthly* recently startled his friends and exchanges by devoting nearly an entire number of his journal to endorsements of his personal, moral, financial and professional reliability from doctors of medicine and divinity, and various other sources, among them Dr. J. M. Mathews, the well-known Louisville physician. The latter apparently was the first to discover the reason for the commotion in the fact that the editor of the *Monthly* is about to open a private sanitarium. Dr. Mathews publicly withdraws his endorsement of the editor of the *Monthly* and resigns his position as collaborator to the *Monthly*.

The editor of the *Louisville Medical Monthly* evidently knew how to feather his little sanitarium nest, and the withdrawal of an endorsement does not unmake the fact that it was given. Evidently harmony in the ranks of the profession in Louisville is beginning to look for new quarters.

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\*H. Onuphrius Bonfigli: “De plica Polonica tractatus medico physicus, etc.”  
Lignitz, 1712.

+F. L. De La Fontaine: “Chir. Méd. Abhandlung verschiedenen Inhalts Polen betreffend, mit Kupfern.” Breslau und Leipzig, 1792.

‡F. L. De La Fontaine: “Traité de la plique polonaise.” Paris, 1808.

§Baron D. J. Larrey: “Extr. d’un memoire sur la plique.”

**NON-ISOLATION OF LEPPERS IN NEW YORK.**

[From the *N. Y. Sun*, Oct. 20, 1897.]

**LEPROSY IN THIS COUNTRY.**

VARYING VIEWS OF PHYSICIANS AS TO THE DANGER OF CONTAGION.

To the Editor of *The Sun*:

Sir—The conclusions of the International Leprosy Conference, which has just closed its sessions at Berlin, are not in accord with the report of Dr. Fowler's committee of the New York County Medical Society, which you quote in full in to-day's issue. If the International Leprosy Conference is right there is a danger to the community in the letting loose of even four lepers, whether these men were allowed to escape last Thursday night or last spring.

The report on leprosy of the County Medical Society of New York is dated December 28, 1896, and I have the highest authority for the statement that the lepers were let loose shortly after that report was made. It was signed by three dermatologists, a prominent physician, and not one leprologist. At any rate, that report had for its real object to back up the Health Commissioner in his desire to rid himself of these burdensome boarders.

It is impossible to shut one's eyes to the fact that the dermatologists, as a class, are not the fittest men to judge of the contagion or non-contagion of leprosy. They see one or two cases a year, superficially, perfunctorily. The leprologists, on the contrary—that is, men living or having lived in leper asylums, in leper countries, such men as Havelberg of Brazil, Arning of Hamburg, Hansen of Norway, Sederholm of Sweden, Alvarez and Mouritz of Hawaii, Smith of Canada, and a host of others—affirm that the disease is contagious and isolation absolutely necessary.

The four lepers let loose by the New York Board of Health may not contaminate any of New York's inhabitants at once, but in eight to twenty years the harvest which they have sown will certainly be reaped.

It is owing to this looseness of local control of lepers that Dr. Goldschmidt of Paris and I have advocated the formation of an authoritative central international body to prevent the wandering of lepers from one country to another and sowing the seed of the disease in virgin soil.

All the lepers who come to New York are foreigners. If the United States Government could be induced by the decisions of some international body to take charge of the lepers in the different States, the whole business of the local Board of Health would be to hand over the lepers to the general Government.

Key West, Fla., is at this moment inoculated from the Bahama Islands. There are there now seven to ten lepers. There used to be only one or two. Recently four Icelandic lepers have been captured in Manitoba. One month ago a leper was captured in Maine who escaped from Canada. Two lepers were recently found in North Dakota; these were Swedes. A leper was discovered last fall in Houston, Texas (he was born in Hawaii 36 years ago), and taken to an asylum in San Francisco. I know many more instances showing the possibility of the spread of the disease in this country.

I have elsewhere advocated the setting apart of a portion of the Yellowstone Park for a national leper asylum in this country. The climate there, being dry, is contrary to the multiplication of the bacilli and their activity.

Until Congress enacts a law for the control of lepers in the United States there will be some, if not much, danger of the spread of leprosy from foreign emigration in the moist climates of the Atlantic and Pacific coasts.

New York, Oct. 18.

ALBERT S. ASHMEAD, M.D.

[From the *N. Y. Herald*, October 26, 1897.]

#### LEPROSY MAY BE GIVEN IN A KISS.

DR. ASHMEAD UPHOLDS THE THEORY OF THE CONTAGIOUS NATURE OF THE DREADFUL DISEASE—IT IS NOT HEREDITARY—BACILLUS EXISTS ONLY IN MAN, AND THEREFORE MAY BE COMMUNICATED ONLY BY PERSONAL CONTACT—LEPROSY CANNOT BE CURED.

To the Editor of *The Herald*:

Your article in to-day's *Herald* on the leprosy question, detailing an interview with one of the members of the New York County Medical Society's committee on leprosy, contains statements that are not corroborated by the conclusions of the Berlin Leprosy Conference. That congress was composed of the most distinguished and authoritative leprologists and dermatologists.

I make a distinction between the two, the leprologists being practical men in charge of large numbers of lepers in leper

countries—specialists in leprosy—while dermatologists are skin doctors. Now, leprosy is not a skin disease, according to the leper conference of Berlin; therefore the dermatologists cannot speak with any great authority on this subject. Other conclusions of this congress are:

1. Leprosy is contagious and not hereditary. In this Jonathan Hutchinson and his London coterie of non-contagionists were badly beaten. And please observe that the stand taken by these Englishmen is simply a matter of expediency. It is to Great Britain's money interest to have it believed that leprosy is not contagious, for she has 200,000 lepers in India, who would have to be isolated.

*Influenced by Expediency.*—Dr. Hutchinson, last year's president of the International Dermatological Association, as he wrote me himself, stopped a law from being enacted by Parliament for the isolation of the lepers in India. Sir Joseph Fayrer, Sir James Paget and he are the strongest advocates in London of non-contagion, and Dr. Hutchinson said himself in his letter that if he went to Berlin to the congress at all it would be merely to oppose what I deemed as absolutely necessary. You see his position, if it is allowed to compare small things with big ones, is about the same as that of the New York Board of Health—expediency.

2. The bacillus exists only in man.

Therefore how can there arise new cases without contact, without communication with the human source, which is the only one? This communication consists in general in emigration of the germs in human flesh from leprous to other countries.

There is not in the history of the world an instance of the infection of a country without immigration from an infected country. The seeds thus brought and sown may not germinate before many years have elapsed; but they are sure to obey the natural, universal law.

3. The treatment of leprosy is merely palliative and not curative.

Every leprologist knows that in a few cases the disease, without treatment, tends to run itself out without fatal termination. But, as Dr. Havelburg of the Hospital dos Lazaros of Rio Janeiro says, even in these cases it would be better if the patient, with his mutilated trunk and general helplessness, had died.

*"Cured," but Died of Leprosy.*—Unna is probably the most eminent among dermatologists, and a strong isolationist. He claimed some years ago to have cured a leper, a Brazilian woman, in Hamburg, and he blew his dermatological trumpet lustily about this feat. But, alas! Dr. Havelburg, in his report of the Hospital dos Lazaros, in 1896, tells us that this identical patient died as a leper in his hands after her return to Brazil.

But admitting that there are some cases of cure, and that Dr. Fox's is one of them, what would such a tiny drop be in a whole ocean of woe? Such things are not worth mentioning.

4. Hansen, in the Leprosy Conference in Berlin, said he believed the disease in the second generation was due to the contact of grandparents and of grandchildren, and that if measures of isolation were universally adopted leprosy would be eradicated quickly. (He did not except from this rule New York or the United States.)

Dr. Babes of Roumania proved to the satisfaction of the meeting that the mucus was a dangerous channel of infection. If that be so, then a kiss might transmit the disease.

Even Besnier, the president of the International Dermatological Association, believes that leprosy is a contagious disease.

5. Hansen claims that the failure of leprosy to spread in Wisconsin and Minnesota among his countrymen who have emigrated there is due to the cleanliness of life and the isolation of the patients by our official boards of health there, and to the dryness of the atmosphere.

Isolation and sanitary government of the leper's family (including abstention from the common spoon and bowl, same beds, and absolute separation from bodily contact of children and grandchildren from leprous father or mother and grandparents) have prevented the transmission of the disease to children or grandchildren.

*New York Without Protection.*—No such protection now exists in New York. Under the same conditions that permit the germination of the seed in the father it will develop in the child. The filth and insanitary condition are the same for both.

But it is not the filth that does it; it is the contact with unhealthy flesh, which is part of a filthy manner of existence. This is shown by the spread of leprosy in Japan, where the commonest coolie takes his hot bath every day and yet becomes a leper.

There are lepers in New York, as Dr. Fox admits, very close to the four hundred. What could filth have to do with such cases? It could only be actual contact with a leper that here produced the disease. Whether a man's skin is washed or dirty, whether the common bowl or spoon he uses is clean or unclean, has nothing to do with the contagion. It is the contact of the mucus of the mouth, for instance, bacillus charged, with the same spoon. The bacillus cares not either for filth or cleanliness; he wants only an entrance through broken skin or mucus.

New York, October 24.

ALBERT S. ASHMEAD, M.D.

[From *The Sun*, Tuesday, November 2, 1897.]

#### MORE ABOUT LEPROSY.

DR. ALBERT S. ASHMEAD MAKES A DEFENSE OF THE POLICY OF ISOLATION.

To the Editor of *The Sun*:

SIR—Will you permit me once more, if you are not already tired of the theme, to refer to the question of leprosy and the letter on the subject of your correspondent in London, that seat of obstinate antagonism to the theory of contagion and to the necessity of isolation. This letter you publish under the headline, "Leprosy on the Decline."

Permit me to say, as one of the three originators of the Leprosy Congress (the other two being Dr. Goldschmidt and Dr. Hansen), that leprosy is not on the decline. Indeed, the congress was called together for that very reason, that leprosy was increasing in every country of the world, except those where strict isolation is established. Those in which it has somewhat receded are:

Russia, where a leprosy Commission was appointed by the Government in 1894, directed by Drs. Petersen and Münch. They ordered strict measures of isolation, and leprosy, which had up to that time steadily increased, took a step backward.

Norway, where, in consequence of a steady increase, there were in 1856 over 2,800 lepers. In that year mixed isolation laws were adopted, with the result that there are now but 700 or 800.

The Sandwich Islands, where leprosy increased alarmingly until the imperfect isolation laws were put in force in 1865. It continued to increase. Stricter isolation laws were then enforced in 1885. The disease then diminished from 4,000 to 1,200.

Sederholm says that leprosy has diminished in Sweden only in those districts where lepers have been isolated in hospitals.

Everywhere where isolation has not been adopted leprosy has increased. This is not my personal opinion alone; it is that of such leprologists as Martens of Lisbon, Sederholm of Sweden, Goldschmidt of Madeira, Hansen and Maurin of Norway, Mouritz of Hawaii, Kerr of Canton, Munro of St. Kitts, Azuero of Columbia, Havelburg, Azevedo, Lima, and Moreira of Brazil, Impey of Cape Town, Petersen of Russia, Jonasen of Iceland, Neumann of Vienna, Max Joseph of Berlin, Unna and Arning of Hamburg, etc.

I repeat it. The congress was called not because leprosy was on the decline, but because it was on the increase.

Your correspondent affirms that the disease is infectious, though not contagious. It does not appear whether your correspondent is a physician or not, or rather it seems by this strange statement that he is not a physician; for what difference does it make whether the disease is infectious or contagious if we catch it? It seems also that your correspondent has not taken cognizance of the minutes of the congress, for the congress agreed that the disease is contagious.

If, as your correspondent says, the disease is not to be considered as contagious, and if, on the other hand, it cannot be taken, as he says, by the atmosphere, like smallpox, how is it to be caught at all?

I should like your correspondent to explain how the sting of a mosquito can communicate the disease if the latter is not contagious. For what is the sting but contagion? From contact comes contagion.

The necessity which your correspondent thinks probable of repeated contact for infection to take place ought to be explained. Why several contacts? I will explain to your correspondent why, perhaps, several contacts may be required sometimes.

Your correspondent states that the congress declared leprosy to be a bacillary disease. The contagion therefore, means the passage of the bacilli from the diseased to the healthy body. For this to take place there must be on the healthy point of contact a ready entrance, a broken skin. Through this breach the enemy will penetrate, but he is not likely to wait until he has been brought several times in front of it. Now, it is possible that many contacts have taken place at that same spot when it

was still sound, but the first contact after it presents a hiatus means contagion.

I will wind up with some general considerations. The Berlin Leprosy Congress had for its object to bring to the attention of every Government the danger existing to the public to-day, and to devise measures to prevent the disease from spreading and inoculating new countries. Hansen thought that it was sufficient to state clearly how matters stand now to show what measures are necessary to stem the current of the plague, and then let the nations act independently on the principles proclaimed. Should such action not follow, an international treaty might be proposed and worked for. Goldschmidt and I were for an international agreement at once, to decree measures for compulsory isolation. However, the congress adopted the more expectant views of Hansen.

I myself do not think that the leprosy problem will ever be solved without international agreement and conventions. Left independently to themselves, governments will act without any regard to science, and each is likely to cover itself with a glory not dissimilar to that at which the Board of Health of New York seems to have aimed since December 28 of last year.

New York, Oct. 31.

ALBERT S. ASHMEAD, M.D.

[From the *Journal of the American Medical Association*, Saturday, Oct. 30.]

#### PUBLIC HEALTH.

##### LEPERS OF NEW YORK TURNED LOOSE BY THE BOARD OF HEALTH.

NEW YORK, Oct. 20, 1897.

TO THE EDITOR—The public be d—! Whether leprosy is contagious or not does not seem to be the question with our New York Board of Health. The point is to escape responsibility, care and trouble. Let the leper go; we are glad to get rid of him on any terms!

It is a lamentable circumstance that such devil-may-carelessness should exist just on the point where it can do the most evil. New York is the most important port of our country. The lepers are foreigners. Most of them come from Norway, Sweden, Iceland, South America and the West Indies to New York. Most of the lepers who live in Minnesota and Wisconsin came through New York. Had they remained here instead of going to those far-off States, would the New York Board of Health dare to have

let them run loose? Horrified public opinion would have compelled their isolation.

There is another question which regards the leper himself rather than the public. What will become of him, left to himself, ejected from one house, finding by deceit a short-lived shelter in another, every man's hand against him? Who will employ him? How will he live? A public charge he must be; if not on the board of health, on the State. I would not answer for his not being stoned or hung to a lamp-post by an angry populace.

Whether the Board of Health will take the trouble of keeping apart and taking care of the lepers is not a thing in which the City of New York, or the State of New York, alone is interested. All the neighboring States, New Jersey, Pennsylvania, Illinois, etc., are interested in the matter, that is, in the question whether the board of health maintains isolation, or *defies* not only public opinion, but professional opinion; that is the declaration of the most eminent body of leprologists that the world has ever seen assemble; I mean the Conference at Berlin.

ALBERT S. ASHMEAD, M.D.

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**New York's Great Public Library.**—The space now occupied by the reservoir, which makes such a picturesque feature of the Fifth Avenue vista, is 482 by 455 feet, so that there will be room for an edifice of really magnificent dimensions with sufficient space about it to insure a plentiful supply of light and air. The structure will cost \$1,700,000, exclusive of heating, lighting, and all interior equipment. It will measure about 230 by 340 feet, which would allow about seventy-five feet of ground on the Fifth Avenue front, and about fifty-eight on Forty-first and Forty-second Streets. On the west side there is, happily, Bryant Park, with its pleasant relief of green foliage. The stone building will probably be faced with Indiana limestone. The book-stacks will be in the first and second stories and the basement, leaving the third story for the reading-room and other purposes. This arrangement seemed best not only because of the light and airy position given to the reading-room but also because it would allow an easy and symmetrical extension of the building to the west, if that should be desired. The spacious main reading-room, lighted from above, and free from dust and noise, will be supplemented by special reading-rooms for students, on the second and third floors.—From "About The World," in the November *Scribner's*.

## MY RECENT WORK IN APPENDICECTOMY.

BY A. C. BERNAYS, ST. LOUIS.

May 15th, 1896, Dr. Robert E. Wilson became my first assistant. I instructed him to keep an account of my work, with particular reference to my operations for appendicitis and for pus-tubes. I felt that in these very common affections I had passed the experimental or rather developmental stage which every operator must pass through so far as the method and technique are concerned. I had done 270 operations for appendicitis, and made 185 sections for the removal of pus sacs. I had employed many different methods, particularly with regard to the antiseptics that were used, and many different methods of drainage had been tested. After about twenty years of this work I finally arrived at a method of treatment, the results of which I will now report, and it has given me a measure of success that I can scarcely hope to excel in the future.

Since Dr. Wilson has been with me I have operated upon 81 cases of appendicitis, and in all but one of these the appendix or its stump was removed. Of this series of cases, 71 were done in succession, with a perfectly satisfactory result, all making a perfect recovery. They were all, with a single exception, acute cases; all suppurative or gangrenous; some complicated by general peritonitis. In that exceptional case there was no pus, the appendix being found in a dense cicatricial mass of tissue, and there was no kind of acute infectious or febrile disturbance. The only indication for the operation was pain, and this symptom was completely relieved by the removal of the offending organ. The patient had passed through an attack of acute appendicitis several years before she came to me. I am so averse to operating upon afebrile cases that I had sent this lady to her home, a distance of over one hundred miles, telling her to put off operative interference for three months, in order to see whether or not her pain would disappear under a régime of diet and regular purgation. The pain, however, persisted, and she was finally cured by appendicectomy.

I do not wish to be understood as condemning the operation of appendicectomy during the quiescent stage, but I favor operating in every case during the acute stage and as soon as the diagnosis of appendicitis is made. This must be understood to mean that if a patient has passed through an attack of acute

appendicitis without losing his or her life under the expectant treatment, I would not urge an operation until a second attack comes on. It is by no means certain that a second attack will ever come on; but if it does come on, then I would most strenuously urge an immediate radical operation. Eliminating this one case of non-suppurative appendicectomy, there is left a record of 70 consecutive, complete operations without a death.

The seventy-second case of this series died on the third day after the operation. It was a case of long standing—the patient had been sick in bed for over seven months; was emaciated; had rigors and fever continuously; and had an enormously large doughy tumor, filling more than one-third of the abdominal cavity. It extended to the median line and to four inches above the umbilicus. The patient was brought from Southern Illinois upon a stretcher, and was in a very unfavorable condition for an operation. I knew that delay meant certain death, and operated at the Rebekah Hospital about twenty-four hours after he reached the city. The operation was a very tedious one, and although it was completed, and all the pus cavities between the intestines, under the omentum, in the pelvis, and near the root of the mesentery, as well as a large cavity in the region of the kidney, were thoroughly drained, the patient never rallied and his temperature never became normal before he died. He was so much exhausted by the long pyemia and sapremia that he had not enough resistance or antitoxic properties in his tissues to overcome the toxemia which had existed and to which was added the shock of a prolonged operation. I am certain that this man could have been saved by an early operation.

Since this death interrupted the successful series of cases there have been nine more, and all of them have recovered. In one of these I was compelled to do an imperfect operation. It is the only one in the entire series of 81 cases in which it was in my opinion wise to leave the stump of the appendix. I found such a condition of affairs that I removed only the gangrenous appendix, leaving the stump alone, and draining the pus cavity, which reached to the vena cava and the vertebral column. The cecum in this case, instead of lying in the iliac fossa, lay near to the vertebral column, and the appendix arose from the inner and posterior aspect of the cecum, and had been curled upon the vena cava inferior. It had become gangrenous, and had sloughed

away. The patient had been very ill nearly six days, and when I operated had a temperature of  $103\frac{1}{2}$ ° F., and a pulse of 130. I found a large abscess, containing about 2 ounces of very putrid pus, in which the necrotic appendix was found almost unrecognizably disorganized. The median wall of the abscess cavity in which the stump of the appendix lay was an indurated, thick, mass of tissue, so closely adherent to the vena cava inferior and the roof of the mesentery that I dared not try to dissect out and ligate the stump. The cavity was drained by a gauze pack, and the child's temperature and pulse have been normal ever since. The pack has been removed, and there is now only a healthy granulating cavity, which under the careful treatment of the family physician will soon be entirely closed.

This physician, for whom I have done a large number of operations, and who has always seen me remove the whole of the appendix, was somewhat alarmed and perhaps disappointed at my refusal to make a radical removal in this case. He had always seen me remove the stump or the whole appendix at its origin from the cecum, and was fearful of the outcome of this case. He feared, no doubt, that the stump might give rise to immediate or remote trouble. I also share this feeling, and I am of the opinion that the appendix should be completely removed in every case unless some such condition as I found here, which is fortunately very rare, should plainly contraindicate the removal of the stump. I think every surgeon gets to know the limitations of his technical skill, and I felt that my limit had been reached in this case. I doubted my ability to successfully remove the stump in this instance, and gave the patient the benefit of the doubt.

I do not intend to discuss the diagnosis of appendicitis. It is either very simple and certain or very difficult and uncertain. The diagnosis of appendicitis is simple and certain in about 99 per cent. of all cases, unless the attending physician has masked the symptoms by the administration of morphine or some other opiate. This is a very bad practice, and cannot be condemned too strongly. I am happy to say that in St. Louis the opium treatment of peritonitis has been abandoned by the more enlightened members of the profession. One of the objects of this report is to further banish into oblivion this method of treatment.

*I believe that when it comes squarely to the consciousness of the general practitioner that modern surgery in the hands of experienced operators can cure seventy acute cases of suppurative appendicitis in succession, without selection of cases, all other methods of treatment must be abandoned. And when it is further stated that the average time of confinement to the bed is less than three weeks all room for discussion seems to vanish.*

Two of the best physicians in this city have each called me to operate for appendicitis, when upon palpation of the abdomen I gave the opinion that the trouble was in the gall-bladder. My opinion was immediately corroborated by the operation in both cases. I have done 21 operations in the practice of one of these physicians and 16 in the practice of the other for appendicitis, and in all of these cases their diagnosis was correct. This proves that acute cholecystitis may be mistaken by very skillful and experienced practitioners for acute suppurative appendicitis. I have also met with a few cases in which the differential diagnosis between pyosalpinx and appendicitis was difficult. I have three times found both conditions present in the same woman.

About three years ago I was called to a neighboring village by a most competent physician, who had in consultation the most renowned pathologist and diagnostician of St. Louis. The latter gentleman had been in attendance since the previous night, and the diagnosis of ruptured tubal pregnancy, which was first made, had been abandoned, and both gentlemen were of the opinion that we were dealing with a case of appendicitis. I myself could not arrive at a diagnosis between the two diseases, and all of us were sure that it was one of the two conditions, and could be nothing else. The medical consultant, in whose judgment I have the greatest confidence, leaned somewhat towards the side of appendicitis. I made the incision for appendicitis, midway between the ant. sup. spine and the linea alba at the lateral margin of the rectus muscle. Through this incision I evacuated several pounds of clotted blood and removed the most beautiful specimen of ruptured pregnant tube that I have ever seen. The lady made a most excellent recovery.

Twice I have found the appendix upon the left side of the body. In the one case the cecum was attached to the last lumbar vertebra and the promontory by a short mesocecum, while the appendix hung down into the left side of the pelvis and was at-

tached by adhesions to the sigmoid flexure. In the other case there was a large abscess cavity, which started from the ulcerated free end of the appendix, and was situated to the left and in front of the bladder. In one case I found the appendix near the umbilicus, and the abscess surrounding it would have broken through the umbilicus if it had been left to nature. In all other cases of my entire experience the trouble was in the usual place—upon the right side between the diaphragm above and the floor of pelvis below.

It is not my purpose to discuss the etiology or pathology of appendicitis. I may say that I have found a foreign body in only two cases. In one it was a piece of solder; in the other a fragment of an oyster-shell. I doubt very much whether or not these substances were etiological factors. Sometimes the fecal concretions have a striking resemblance to a seed of some fruit, but I have never found conclusive evidence that seeds are the nuclei for these fecal formations. By chemical analysis, however, I have frequently found bismuth and mercury in these concretions, and have entertained the idea that the administration of these heavy substances may prove to be factors in their formation. Stoehr has recently proven that the follicles within the appendix are in a state of degeneration throughout the life of this rudimentary organ. Knowing this fact, we can easily understand that the pathogenic bacteria will find a fertile soil in this organ, the mucous lining of which is undergoing a process of degeneration during the entire life of the human body. (See *Anatomischer Anzeiger*, 1897, and "Transactions of the Anatomische Gesellschaft," 1897.)

After the diagnosis has been made and the operation determined upon, I recommend the following management: The attending physician will order total abstinence from food or drink; he will order, or himself administer, copious injections of warm water into the colon, with a view of evacuating the contents of the bowel before the operation. I have never seen bad results follow the administration of calomel in broken doses or even the use of salts, and, if it were not for some theoretical considerations, I would recommend the administration of salts in every case in which it has been decided to operate. Theoretically, it might possibly be expected that in the case of a gangrenous perforation the patient might be purged into his own abdominal cavity, though practically, *i. e.* mechanically, this seems to me

very improbable indeed. I would consider the administration of purgatives perfectly safe in all cases after the lapse of 48 hours, because occlusive adhesions will have formed pretty securely by that time. The patient must assume the recumbent position in bed and a moist antiseptic pack must be applied over the entire abdomen and left *in situ* until the surgeon arrives, be that two hours or twelve hours, or longer. The belly should be soaped and shaved, even in hairless children, before the pack is applied in order to allow the antiseptic solution to more thoroughly penetrate the epidermis.

*The Operation of Appendicectomy.*—The incision which I prefer, and invariably used in the cases now under consideration, is the one which, so far as I know, was first recommended for appendicectomy by Senn. It is the incision in the linea semilunaris, and by its use the abdominal wall can be opened without cutting through any of its muscles. The only tissue which is cut is connective tissue, *i. e.* aponeurosis or fascia, and is accompanied by very little hemorrhage. The consequent hernia in the scar will depend upon the drainage that is necessary more than upon the incision or the method of suture which is chosen. The length of the incision is from  $2\frac{1}{2}$  inches to  $4\frac{1}{2}$  inches, and depends upon the dexterity of the surgeon and upon the position of the appendix. As my experience and skill have grown, I have been enabled to make smaller incisions, but in one case I was compelled, even recently, to make an incision eight inches long. In that case there was a large subphrenic and perihepatic abscess. The appendix extended along the posterior wall of the ascending colon and reached to the lower surface of the liver. I estimate the quantity of pus evacuated from this patient at one and one-half quarts. The best guide for the incision is the lateral margin of the rectus muscle, which can be easily felt or seen. The middle of the incision should be about McBurney's point in ordinary cases. In other cases I make the middle of the incision over the most prominent portion of the induration, no matter where that may be. I have stated above that I advise operating as soon as the diagnosis is made. I estimate that the average time which had elapsed in this series of cases was about 60 hours. The shortest time was three hours and the longest 8 months since the beginning of the attack. The average time is made longer than it would otherwise be by

one patient who had been continuously sick for 8 months, and another who had been bedridden 6 months. I wish to emphasize here the peculiarity of some acute suppurative and gangrenous cases that the temperature, and, in rare cases, also the pulse, will drop almost to the normal stage 24 or 36 hours after the beginning of the attack. The tenderness on pressure may also be lessened at this time, but this amelioration of the symptoms must never be looked upon as an indication to postpone the operation, or, as I knew it to do in one case, to lead the physician to doubt his original diagnosis. In that instance small doses of an opiate had been given and the operation was postponed for eleven days, when the high temperature and pulse returned. The boy's life was lost by the postponement, as was clearly shown by the operation. This case happened about 8 years ago; the death was due to septicemia. All cases of appendicitis that have ever died, in my experience, were killed by septicemia, and I believe that nearly all could have been saved by early operations or more prompt and more thorough work. I do not believe that there are so-called fulminating or furibund appendicitis that cannot be saved by prompt interference. In the series of cases which I am now reporting, there were six which fully fit the description of the "fulminating" examples we find mentioned in recent literature, and all of them recovered. I will have a word to say later on about this line of cases.

In one report I find that the use of iodoform is made responsible by one physician for three deaths. When we stop to think of the harmlessness of iodoform powder, when compared to the deathly toxines produced by streptococci or the bacterium coli communis in cases of appendicitis, statements like the above appear ridiculous, and we must seriously doubt the diagnostic ability of the physician who will account for deaths following operations for appendicitis by the pretext that iodoform was used. The reason we remove the suppurating or gangrenous appendix is to get rid of the source of the septicemia, and the reason we drain the wounds is to allow the escape of the toxines and pyrogenic substances that may be left after we have removed, mechanically, all that we can or dare by our surgical operations. If a death follows our operation, we must admit that we either could not sufficiently exterminate the cause of the disease, for some reason or other, or that the septicemia had so poisoned

and weakened the organism that the shock of the operation was too much for the patient to bear.

Embolus, bronchitis, pneumonia, nephritis, etc., are all of septic origin, and so it seems clear that when we operate in cases of appendicitis we are trying to save our patients' lives from the dangers of septicemia or its complications and sequelæ. This view of the treatment of appendicitis clearly defines the relation of the medical man to the surgeon in the management of these cases. The physician calls the surgeon, because in him he has the weapon with which he can successfully cure the disease he has correctly diagnosed as a septic fever, having a local origin. This local trouble must first be removed, and then the physician can carry the case to a successful issue by the remedies he so well knows how to use. It seems to me that all discussions about the question as to whether a case of appendicitis is a medical or a surgical one is fruitless, when we bear in mind the facts which I have just presented. There is no better instance than this very one to prove that the physician and the surgeon are interdependent. Their work is very different and not conflicting. A physician who is looking out for the interest of his patient will call upon his friend, the surgeon, to perform an operation requiring great skill and a large experience in surgical work. He will select a man who devotes his attention to the science and art of surgery. *He will select a professional surgeon and not an amateur.* The most dangerous person to manage a case of appendicitis is one of those men who drives a general business, a *dilettante* in all the departments of medicine, a master of none. There are men in all our large cities who, while posing as surgeons, will attend Mrs. Vandergold in confinement, or one of her children who has "summer complaint." The careful, conscientious physician will not call one of this class to do an operation for him if he can help it, because he is a *dilettante* in surgery, and not only that, but he is also a competitor of the physician who calls him, and under our beautiful code of ethics may be called to the family into which he was introduced by the physician if there should afterwards be a medical case in the same house. In large cities the highest and best results of medical work can be achieved by the division of labor. But the specialists must be honest and fair towards the family practitioner. They must not do family practice under any circumstances. The conditions are different in the country, as specialists cannot

thrive in small towns and villages, and the country physician must help himself as best he can in emergencies; but he also must learn to select from the city specialists a professional and not an amateur for his consultant.

The incision having been made through all the layers of the abdominal wall, an exploration is made of the parts that present themselves. Sometimes a piece of omentum, indurated and injected, will be found adherent to the cecum, and this may be used as a guide to the appendix. By carefully loosening this piece of omentum from its attachments the operator will always be led to the appendix. Before beginning this work of disentanglement, I have the two lips of the incision pulled apart by two broad retractors, and I spread broad pieces of gauze into the wound so that any pus cavity that may be opened during the process of separating the conglomerated intestines will discharge its contents upon the gauze and will not soil the healthy portions of the intestines. In some cases the best guides to the appendix are the teniae of the colon ascendens, which, if followed up, must lead to the root of the appendix. In other cases the last loop of the ilium will furnish a valuable landmark, as it can always be followed to the ileo-cecal valve. In some cases it is not necessary to lift the cecum out of the cavity, but in those where the appendix is located under the ascending colon or behind the cecum, it is best to lift the latter and the last loop of the ileum, and by careful work with the fingers, bluntly separating the retroperitoneal connective tissue, it will be found possible to lift the whole mass out of the abdominal cavity.

In about one-half of my cases I had to lift the cecum out of the cavity in order to make a clean and perfect extirpation of the diseased appendix. In the other half of the cases the appendix was situated so that it could be followed to its root within the abdomen. These are the easy cases of appendicectomy. The difficult ones are those in which the appendix cannot be found without a tedious, time-consuming search among the old and fresh adhesions.

After the appendix has been found and carefully ligated off at its root, the peritoneum should be drawn together with a few stitches so as to cover the ligature which surrounds the root. In nearly all cases a healthy stump can be formed by using the serosa and muscularis only, while the mucosa is cut short and buried. In one case the ligature slipped off and I had amputated

the appendix so close to the cecum that I could not replace another. In that case I pulled the hole together in the cecum with a few stitches as best I could and covered these stitches with a piece of gauze, the end of which was conducted out of the incision.

The most important thing to insure the safety of the patient is to always place a strip of gauze upon and around the stump of the appendix and to bring a piece of the gauze strip in contact with every portion of gut that is covered by the deposits of plastic lymph, or that is in any way discolored or suspicious of infection. I nearly always use three narrow strips of gauze, but sometimes only two and sometimes four or even five. These gauze strips are from one to two inches broad, and about 18 inches long. They act as capillary drains. I have usually used iodoform gauze, but in some cases bichloride or simple sterile gauze. The fact that I have used iodoform gauze more than any other is simply a habit and has no influence upon the result of the case.

Before the operation is complete, the operator must in every case pass his finger into the pelvic cavity; and if it contains pus or serum this must be taken out through a glass tube, and after all of it has been drawn out or wiped out with gauze, it is well to have a drain of some kind in the cul de sac for a day or longer. In the series of cases I am now speaking about, the cul de sac was drained in four. They were cases in which general peritonitis with purulent effusion existed, and in which many of the loops of intestines were glued together by exudates of greenish-yellow lymph. I do not recommend flushing the general cavity in these cases, and, in fact, limit the use of irrigation as much as possible. In several of the cases I did resort to irrigation of circumscribed abscess cavities, but in none did I flush the abdominal cavity.

The gauze strips or glass tube in Douglas' cavity being satisfactorily adjusted and projecting out of the incision, a few through-and-through stitches are now inserted at both angles of the incision, making sure that the drains are not crowded or compressed by the sutures. The dressing consists in absorbent antiseptic gauze, and cotton in sufficient quantity to retain the fluids which drain out of the wound. These dressings need not be changed until they appear to be saturated with fluids. I usually leave them alone for 48 hours, and if the pulse and tem-

perature are normal, they may be left longer. When they are soiled they may be changed for esthetic, if for no other, reasons.

The after-treatment consists in rest in bed, liquid diet, and gentle purgation. If there has been no free evacuation of the intestines before the operation, I order  $\frac{1}{10}$  gr. calomel every hour until flatus or stool passes. I order its administration twelve hours after the operation, and follow this with a gentle saline—preferably a seidlitz powder or citrate of magnesia. I allowed the majority of this series of cases to sit up on the 10th day, and to begin to walk about a few days later. The average time in the hospital or the sick room was about 20 days.

It appears then that of the seventy consecutive cases of suppurative or gangrenous appendicitis, every single one was treated by means of gauze drainage, to which was added, in some cases, a glass tube or a rubber tube. I will add that in all but one of the cases the appendix was perforated, four were complicated by general peritonitis, and at least six would have been called fulminating by those who have described this variety or species of appendicitis. I say at least six, because the notion or definition of fulminating appendicitis is an elastic one, and what might appear fulminating to one observer might appear ordinary to another.

In conclusion, let me say a few words about the prognosis of appendicitis. According to the experience of many physicians, surgeons and pathologists there are a great many cases that recover after the first attack of appendicitis. These run their course, and seem to recover without suppuration. They have been called catarrhal appendicitis. I have not seen many cases of this description so clearly demonstrated that there could not be a reasonable doubt in the diagnosis.

The regular autopsy books at Heidelberg and at Hamburg have been searched in order to determine approximately how many cadavers that are examined upon the post-mortem slabs have passed through this disease, now known as appendicitis, but in these reports called perityphlitis and typhlitis. It can be shown that a very large number of persons had passed through suppurative appendicitis without operation, and many lived for years afterwards. In many cases perforations of abscesses into hollow organs had taken place, and one could see plainly that these unfortunates had passed through months and years of invalidism. These results were achieved under the expectant plan

of treatment, and I know from personal observation at Heidelberg that they were treated by the regular and continuous administration of opium. Of course there were thousands of cases of "idiopathic" peritonitis in men, which were in reality appendicitis, that went to the dead-house, and because the trouble was not traced to the appendix figured on the hospital lists as cases of general peritonitis. I have seen the pathologist, after making the usual routine examination of the organs according to Virchow, stop at the diagnosis of general peritonitis, when he would now-a-days invariably say "*peritonitis septica e perforatione aut granræna processus vermiciformis coeci*," because he would find that the appendix was the seat of the original affection.

I believe that considerably more than half will recover from the first attack without operation. I believe that twenty per cent. of all cases of appendicitis will die, if not operated upon, from septicemia, either from the first or a succeeding attack.

I believe that two cases out of a hundred, or perhaps two out of one hundred and fifty, will die in the hands of expert operators for appendicitis. Errors of judgment in operating upon cases that are hopelessly septic will probably always keep the death-rate that high. It is sometimes very difficult to estimate the virulence or destructiveness of the existing toxemia, and a case will occasionally slip in that will baffle the judgment of the most careful surgeon.

*I will give it as my conclusion that the safest plan of management of all cases of appendicitis, take them as they come, is the immediate removal of the appendix and the drainage of the infected cavities.*

This plan of treatment will be followed by the very satisfactory record of about 98 per cent. of recoveries.

The expectant plan in a large per cent. of the cases will lead to a late surgical operation, and in ten per cent. of these cases will lead to death. Those who are fortunate enough to recover from well-marked attacks of appendicitis will pass through a prolonged siege of dangerous illness, and may never again regain a robust constitution.

Finally, I want to add that every patient suspected of having appendicitis, in which the symptoms are grave or protracted, should be seen by one who is familiar with the disease, and by one who has become accustomed to operating for its relief.

Union Trust Building, St. Louis, Mo.

**AN EFFICIENT TREATMENT FOR RHEUMATISM AND ALLIED AFFECTIONS.**

BY C. H. CANAN, M.D., ORKNEY SPRINGS, VA.

For the past seven years I have constantly prescribed tongaline, and the longer I do so the more thoroughly I learn to rely upon its efficacy in the diseases for which it is indicated. I had always secured good results from its administration; but during the past year these have far exceeded all my expectations, especially in such serious and obstinate troubles as rheumatism, grippe and sciatica. These really remarkable results I consider largely due to my methods of administering the preparation, and I believe it to be to the advantage of every physician to understand just what these methods are. For instance, when I have a very severe case of inflammatory rheumatism, a case where the swelling is great and the pain almost beyond endurance, together with a high temperature, I commence with a teaspoonful of tongaline in a wineglassful of water just as hot as the patient can bear it, repeated every hour. I follow the dose with as much hot water as the patient can take. In from four to eight hours the temperature is invariably reduced, and the patient falls into a refreshing sleep. Under this treatment I have seen the temperature drop from 104° to 100° F. within six hours, and the pain disappear as if by magic. Furthermore I have time and again witnessed the same results in severe cases of grippe. The more severe the case, whether of rheumatism, grippe, gout, sciatica or lumbago, the more I push the tongaline, by giving smaller doses at closer intervals, and invariably in hot water in place of cold. In cases where the stomach rebels, and tongaline cannot be administered in that way, I have the affected parts, say the inflamed joints in a case of rheumatism, or the lumbar region in one of lumbago, sponged with alcohol or soda water (I prefer the latter); then rubbed with tongaline, and apply heat either by the use of the hot-water bag or any other convenient method. It is really surprising how quickly and thoroughly the tongaline is absorbed, and how effective is its action when it is administered in this manner. In grippe, when the stomach is very irritable, as is so frequently the case, it will be found that tongaline applied locally, say under the inner side of the thighs and under the arm on the sides of the chest, will eradicate the trouble more quickly and thoroughly than any other remedial agent.

I call to mind a case of sub-acute, localized rheumatism of the knee, which had defied every kind of treatment usually prescribed for that condition, such as the potassium salts, salicylate of sodium, tonics, blisters and counter-irritants, and in which I finally determined to try tongaline exhibited in the manner above described. By the third day the pain had almost disappeared and the swelling had been reduced two-thirds at least. The improvement was uninterrupted, and in ten days the patient pronounced himself cured. It is certainly somewhat remarkable to see an old, chronic rheumatic patient, who has been bedridden for months, able to walk comfortably as if by magic, and due entirely to the effects of tongaline.

On several occasions when in the company of medical men, and the subject of rheumatism was introduced, I mentioned this treatment, and stated that, in my belief, in tongaline we have a remedy as nearly specific in rheumatic and neuralgic diseases as quinine is in malarial fevers. Some of the physicians remarked that they had not found tongaline of so much value, whereupon I replied that the fault was in their manner of exhibiting the preparation. I explained to them that tongaline must be pushed to the extreme in obstinate cases of the character named, and to obtain its best effects it must be administered in hot water. Since then I have had the pleasure of hearing at least one of these physicians remark that he is now as firm a believer in the efficacy of tongaline in rheumatism as I am, and that the reason he had never before thoroughly appreciated the preparation was because he had not used it in sufficiently large quantities until he had heard my remarks on the occasion alluded to.

In conclusion, I would state that if any reader doubts the efficacy which I have ascribed to tongaline in the more severe forms of the diseases for which it is indicated, just let him push the drug until its full physiological effects are secured, and I feel assured that he will be convinced of the absolute truth of my statement.

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**IRREGULAR MENSTRUATION IN YOUNG WOMEN DUE  
TO ANEMIC CONDITIONS.**

BY H. EDWIN LEWIS, M.D., BURLINGTON, VT.

Resident Physician Fanny Allen Hospital.

The young physician just starting into practice cannot help but be impressed with the frequent occurrence of menstrual disorders in young girls during the period just succeeding the age of puberty. The metamorphosis of a girl into a woman, consisting as it does of structural and functional changes throughout her body, in many instances leaves behind pronounced alterations in the quality or even quantity of the blood current. How common it is to have a mother bring her daughter to the physician and say, "Doctor, I would like to have you do something for my daughter. For nearly a year she has been losing interest in everything and seems to be completely worn out. She has no appetite and absolutely no ambition for work, study or play. She does not lose flesh or grow thin at all, but her color is so poor and she seems so weak that I fear she is going into consumption."

Inquiry on the part of the doctor elicits the further information that the young lady in question is sixteen years old or thereabouts, and that she is a school girl. A year or two ago she first menstruated and since that time has been unwell only twice, or at irregular intervals varying anywhere from three to nine months. Her bowels are either constipated, or the reverse, and she may complain of headaches, vertigo, palpitation of the heart, insomnia, indigestion, etc., etc. The pale face with its sallow greenish tinge, the bleached tongue, the colorless conjunctivæ and finger nails, tell well the tale of impoverished blood. Combine the history with the objective symptoms and the diagnosis is clear of chlorosis or green-sickness. The absence of cough or pulmonary symptoms excludes the dreaded "consumption," but we have instead a condition of the blood in which the essential constituents are diminished and the whole quality of the life-giving current so depreciated that the various organs of the body are unable to perform their normal functions. The uterus is small and ill developed and the supply of rich blood it so urgently requires in its developmental state is not to be had. Is it any wonder, then, that the chlorotic girl does not

menstruate regularly? It is a great wonder that she ever menstruates at all. Correct the anemic or impoverished condition of her blood and the physiological function of her uterus will be resumed as naturally as that of any other organ.

How this chlorotic condition can best be corrected is the next question and one which because of its frequency concerns every practicing physician. Countless remedies have been presented to the profession, but far and foremost above them all is iron, notwithstanding certain high authority to the contrary. Arsenic is certainly valuable, but it ranks far below iron or even manganese in the therapeutics of anemia. In order to be most efficacious, however, the iron should be in its most readily assimilable form, and until recently the carbonate and albuminate have been supposed to present this requisite in the highest degree. But since manganese has grown in favor as an adjuvant to iron, a new preparation has been submitted to the medical profession, *and in every way it has proven itself an ideal one.* I refer to Dr. Gude's preparation of the peptonate of iron and manganese, known as pepto-mangan. This admirable combination of iron and manganese is readily taken into the human economy and appropriated to its needs, without deranging the weakest alimentary tract, or hindering in any way the normal processes of digestion, assimilation and excretion. It should be given in water or milk in teaspoonful doses after meals, and its administration is invariably followed by the results desired.

But in order that the medical treatment of chlorosis may be most valuable and efficient, it should be augmented by auxiliary treatment consisting of careful attention to diet and exercise. It goes without saying that the food of an anemic girl should be most nutritious and particularly abundant in albumen, while the exercise should aim to provide greater quantities of oxygen in the form of pure air, without lowering the vitality. Walking, skating, tennis or bicycling in moderation are all able to supply the demand for exercise.

Treatment laid down on the above lines, followed out in every instance with good habits of hygiene and a careful observance of Nature's demands, will regulate the various functions of the body, and the menstrual function will prove no exception to the rule.

The following cases will substantiate the above:

CASE I.—Miss C. S. K. Seventeen years old. Decidedly anemic and much troubled with constipation. First menstruated at fourteen, since which time she has never been regular, flowing profusely sometimes twice a month, and other times going three or four months without menstruating at all. Has frequent fainting spells and a decided anemic heart murmur. At time of coming under observation had not menstruated for two months and ten days.

Treatment consisted of a regulated diet, tablets of aloin, strychnine, belladonna and cascara sagrada, one each evening until bowels were regular, and teaspoonful doses of pepto-mangan (Gude) after meals. Gradually the fainting spells and heart symptoms disappeared, and on the fifteenth day after commencing treatment she began to menstruate, the flow being natural in quantity and continuing four days. Treatment was continued, and twenty-nine days later she menstruated again, continuing this time five days. Soon after this the pepto-mangan was stopped. From now on, up to the present time, a period covering three months, her menses have appeared regularly every twenty-eight days.

Her whole appearance is changed and in every respect she appears well and strong. Period of administration of pepto-mangan, 55 days.

CASE II.—Miss K. M. Aged twenty. Menstruated first at age of fifteen and was fairly regular for three years, but since an attack of typhoid fever, two years ago, has never known when she was going to be unwell. Patient was not thin, but face was pale and yellowish, hands and feet were cold "all the time," and her whole condition was one of "*blood poverty*." Complained of frequent attacks of diarrhea following constipation.

Treatment consisted of plenty of out-door exercise, good food with abundance of milk, and pepto-mangan (Gude) in teaspoonful doses after meals.

Her restoration to health has been rapid and satisfactory. She has menstruated three times since beginning treatment, the longest interval being thirty-one days. Says she is all right, and her appearance certainly sustains her words.

In this case the administration of pepto-mangan covered a period of 36 days.

CASE III.—Miss D. L., school girl. Aged fourteen. For two years she had been troubled with headaches, dizziness and short breath, fainting away at the slightest provocation. Had no appetite and, as her mother expressed it, "for the last six months had been going down hill pretty fast." Had been treated by a physician for heart disease, but received no benefit. Menstruated first seven and a half months ago, "but had not seen anything since."

Examination showed heart to be normal, although it was a trifle fast, and a slight murmur could be determined when patient was in a recumbent position, evidently anemic in origin. Lungs proved to be all right.

Her general condition was anemic and she was put on pepto-mangan (Gude), a teaspoonful after meals, and sent into the country where she could be out doors most of the time and have plenty of eggs and milk. A letter from her mother says that she has changed so that she can hardly believe it is the same girl. Furthermore her menses appeared twenty-one days after starting the pepto-mangan and returned again twenty-nine days after. The pepto-mangan was ordered stopped and since then I have not heard direct from the patient, although from her father I learn that she is "perfectly well" and coming home soon.

Period of administration of pepto-mangan, 56 days.

CASE IV.—Miss L. Aged eighteen. Had never menstruated. Her general appearance was one of profound anemia. A careful examination eliminated any abnormality of genital apparatus. Organs normal in relation, but undersized. Prescribed pepto-mangan in teaspoonful doses after meals and gave general directions as to diet, etc. Began to menstruate thirty-two days after beginning treatment, the flow continuing one week. Twenty-nine days later she menstruated again. At the present writing she is still under treatment and is due to menstruate in seventeen days. Her whole condition is very much improved.—*Vermont Med. Monthly*, Aug., 1897.

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No matter how great may be the ability of the practitioner as a diagnostician, the patient receives no advantage if the preparations administered are of indifferent quality; and if, as the result of substitution of imitation goods, the outcome of a given case is unsatisfactory, the physician will be blamed, not the druggist. See that your prescriptions are filled as written.

[December,

**ST. LOUIS****Medical and Surgical Journal.**

A. H. OHMANN-DUMESNIL, A.M., M.D.,  
Editor and Proprietor.

No. 5 SOUTH BROADWAY, ST. LOUIS, Mo., U. S. A.

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VOL. LXXIII.

DECEMBER, 1897.

No. 6.  
Whole No. 684.

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**EDITORIAL.****A DANIEL COME TO JUDGMENT.**

The close relationships which were supposed to exist between the professions of the law and medicine bid fair to be strained, if not altogether sundered, if insistence be made upon a certain decision recently made in Illinois, and sustained by the Supreme Court of that Commonwealth. An account of this is given in another part of the JOURNAL. The decision is simply that physicians must testify as experts whenever called upon to do so, and their compensation is simply that of ordinary witnesses. It is a decision calculated to take one's breath away.

Had it been the ponderous decision of some Dogberry who had taken the matter under advisement for many months, we might, perhaps, understand such a wonderful conclusion. But that a judge with intelligence, and a Supreme Court, with presumably still more legal acumen and intelligence, would render such an unjust opinion is beyond our comprehension. It is, indeed, placing a very low estimate on learning which is not confined to

the craft. When we stop but a moment to consider the enormous fees allowed to lawyers for services in no way extraordinary, it seems to us to be hardly fair to treat medical men in such a shabby way.

This decision simply places the medical profession at the mercy of every unprincipled legal shark and shyster. For the sake of making an impression upon a jury any sprig of a lawyer may subpena the most eminent physician and cause him to lose valuable time, which, in his case, means money. It may also, unfortunately, mean the danger or possible death of a patient, and, in addition, the accusation of neglect, which was certainly forced by an arbitrary decision of a court which seems to have less respect for the rights of others than it has for itself. A mere superficial glance at the decision makes it look rather innocent; but when we consider its far-reaching influence, the authority it conveys, and the various misuses to which it may be put, the gravity of the situation becomes apparent. It was formerly a saying that "the laborer is worthy of his hire," but Illinois justice, as embodied in its learned judges, seems to have set this completely aside, and the physician is forced to work at smaller wages than the ordinary laborer. He has expended money, energy and time to perfect himself in the highest and noblest profession, and to-day he stands liable to fine and imprisonment if he will not prostitute his calling. Out upon such law, say we!

You who are physicians be prepared to lose time, patients, prestige, everything, for the sake of sitting in a justice's or police court and receive your pitiful half-dollar for the knowledge which it has cost you nights of study, days of pondering, and intelligent effort made to achieve a name and reputation in your profession. And it is not the physician with no practice that will be called; it is he whose name is famous, as his evidence is the one required to give prestige to an ordinary case which would otherwise be consigned to well-merited oblivion. We sincerely deplore the fact that the State which has so successfully battled with quackery in medicine should be snubbed with such a legal monstrosity as the decision referred to above. We might be tempted to say now: "Poor Old Illinois." But we cannot ridicule our neighbor, as the learned opinion is a club which the courts of other States may swing at any moment and use the strength evoked by that legal shibboleth—precedent.

**CHRISTMAS-TIDE.**

The time is upon us now that is full of peace and goodwill towards all mankind. We hope that it has proven to be the dawn of an era of prosperity to the medical profession in general. The abundance of crops should certainly have proven of advantage to all country practitioners who depend so largely upon the agricultural classes. We sincerely hope that all have reaped some share of that prosperity which seems to have made itself felt in the Mississippi Valley and in the West. There seems to be a new era dawning upon us now, and perchance it is but the beginning of a better condition which many confidently assert will be ushered in with the beginning of the new century. All hope that a continued improvement will go on, up to and after that time, and none more fervently so than the JOURNAL.

The year 1897 is fast waning and ere long will be numbered with the things of the past. We are certainly desirous of seeing all happy and prosperous at the close of this twelve-month, and could not appreciate any greater satisfaction than in knowing such to be a fact. To our readers we promise that we shall make an extra effort with the coming year to make the JOURNAL more interesting, as well as more useful to them, so far as the purely medical matter is concerned. We shall continue to jealously guard the interests of the members of the medical profession and keep watchful care over their welfare. To our subscribers and advertisers we desire to wish a Merry Christmas and a prosperous beginning of the New Year.

**BEEF JUICE.**

There is a palpable defect in Beef Extracts reduced to the solid, semi-solid, and dry pulverulent condition. The necessary preparation of these by heat involves radical change in the organic matter, notably the albumen—an important constituent. The therapeutic utility becomes lessened, and they are scarcely, even, auxiliary as food, whilst all stimulating property is reduced to the minimum of action. Natural Beef Juice—"Wyeth's Perfected Beef Juice"—presents in an original state all the normal constituents of beef flesh, unaltered. This preparation is unquestionably the best of its class, and has an accredited superiority given to it by the most authentic and eminent medical sanction.

## MEDICAL PROGRESS.

### MEDICINE.

**Iron as a Therapeutic Agent.**—One of the standard arguments of the homeopathic therapist in favor of infinitesimal doses, is that the administration of iron in large doses is wholly absurd, because more iron is often in one dose than is contained in the whole system, and of it only the minutest portion is utilized by the bodily functions.

Too often iron is administered in such a way as to occasion this criticism, and of all its pharmaceutical preparations no one is accepted as the best. During the last few years numerous substitutes for iron and special formulæ have been presented to the profession in an endeavor to furnish a more scientific method of administering this valuable drug.

The inorganic salts of iron, after administration to the lower animals, as in the experiments of Hamburger, may be recovered in almost identical quantity from the feces, and absorption in any considerable degree is therefore impossible; yet, when, as has been estimated, the total amount of iron in the system is but forty-five grains, even such a slight loss may indicate that the blood has been supplied.

It has been the aim of pharmacology to obtain a preparation of iron identical with the form in which it exists in the body, an albuminate; and to Bunge must be ascribed the honor of first differentiating it in his hematogen.

Schmiedeberg later succeeded in separating from hogs' livers a compound in which the iron and albumen were combined in the same manner as in the body, which he called ferratin. To obtain a sufficient supply from this source was palpably impossible, and a synthetic compound was prepared by exposing a mixture of white of egg and iron to the action of slight heat in an alkaline medium; and so prepared it contains from seven to eight per cent. of iron. It is absorbed in considerable quantities from the intestines, and does not appear in the excreta as do the inorganic salts and most of the so-called albuminates, and seems to offer a means of supplying the organism with what, under ordinary circumstances, is gained from the food, and when anemia exists, the most rational method of restoring the essential element to the blood-cell.

The essential difference between ferratin and the ordinarily prescribed salts of iron is that to be assimilated they must all be changed to a compound similar to the former, if not identical with it, and this much work is saved to the digestive organs.

According to M. Cloetta, the organic combination of iron with albuminoid matter is necessary in order to insure its absorption. For instance, two dogs were experimented upon as follows: Their food consisted of a soup made of starch, sugar, glucose and distilled water. To the nourishment of the first dog, a solution of iron chloride representing sixty milligrammes of iron was added; to that of the second dog, a solution of ferratin representing forty milligrammes of iron. The villosities of the dog to which ferratin had been given presented the characteristic action of the iron absorbed. The iron contained in the intestine of the other dog was not absorbed, and formed masses at the base of the villosities. The organic iron combined with albuminoids is evidently absorbed in the intestine, penetrates the chyle, and enters the circulation by the mesenteric veins.

Experiments made by Cloetta with new-born dogs demonstrated that the presence of iron salts in the food was not immaterial to the formation of hemoglobin, that there was no absorption of iron salts, and that the liver seemed to regulate absorption in the same way as it did glycogenesis.

Of the therapeutic value of ferratin, many careful clinicians bear testimony. The elaborate experiments of foreign observers do not, however, carry as much weight as do the reports of better known American physicians. Thompson, in the *Medical Review*, adduces clinical evidence of its value in the anemia following parturition, which may be due to influences which were present before the confinement, but were rendered inoperative on account of the great natural resistance presented by the organism against the invasion and extension of microbic infection. It is frequently the case that a local tubercular growth is in the lung, or that there may be a malarial infection, both of which may be held in abeyance as long as the cellular elements of the organism are normal; but when the vitality is temporarily depressed, and the receptivity of the body for infections increased, an opportunity is afforded for a serious and, perhaps, fatal extension of the hitherto latent affection.

Additional testimony is given by Flutterer, Einhorn and Chit-

tenden, in *The Chicago Medical Recorder*, *The New York Medical Journal*, and *The Dietetic and Hygienic Gazette*.

Its position in therapeutics seems to be well established.—*Atlantic Med. Weekly*.

#### THERAPEUTICS.

**An Antiseptic Powder in Diseases of Mucous Membranes.**—The following citation, taken from the latest edition of Professor Bartholow's treatise on *materia medica* and *therapeutics*, serves to point out the varied uses of aristol in medical and surgical practice: "It has been used chiefly in nasal, aural and cutaneous maladies. In purulent otitis media it has given better results than boric acid, according to Gaevert, Krebs and Burkner. In ulcerations of the eye, boils and granulations, it has proved efficacious. For these purposes it is applied in the form of ointment (10 per cent). Chronic rhinitis is also cured by application of the same ointment. In burns, according to Haas, it is a valuable antiseptic and analgesic application. According to Heckel it relieves sweating of the feet, and in psoriasis it is as effective as chrysarobin, while not staining the neighboring parts. It is also useful in pityriasis. In local venereal affections, as balanitis, soft chancre, warts, etc., it has usually acted most favorably.

**Ferratin in Anemic Dyspepsias.**—Dr. Elbridge G. Cutler of Boston, in a very excellent paper entitled "General Remarks on Gastric Dyspepsia," read before the Massachusetts Medical Society, June 8, 1897, and published in the Boston *Medical and Surgical Journal*, September 9, 1897, advises the use of ferratin to increase the hemoglobin. In examining the patient "the relation or dependence of dyspeptic conditions on other local diseases or general disturbances" should be found. The lungs and the urine should be examined weekly, and the patient weighed; and if diet, control of daily life, etc., do not increase the hemoglobin, then ferratin should be used to aid the other measures.

**Chalybeate Purgative.**—The New York *Medical Journal* (September 25, 1897) quotes Dr. C. E. Williams, as suggesting:

R.	Ferratin,	
	Sodium bicarb .....	aa 3ij.
	Powd. rhubarb .....	3ss.
	Oil of fennel .....	M xxx.

M.  
Sig. Dose, a teaspoonful.

## PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

**Diphtheria Antitoxin.**—Henry R. Slack, Ph.M., M.D., of La Grange, Ga., expresses (*Atlanta Medical and Surgical Journal*) a high opinion of antitoxin as a preventive and curative agent in the treatment of diphtheria. His own experience in private practice bears out fully the favorable reports made to the American Pediatric Society by its special committee, and the clinical cases recited by him testify to the prompt and powerful action exerted by antitoxin on both the local and constitutional symptoms of the disease. Dr. Slack concludes that the anti-diphtheritic serum should be administered freely and promptly, as the loss of twenty-four hours may mean the sacrifice of a life. He recommends doses of from 1,000 to 2,000 units, according to the severity of the case, to be repeated in twenty-four hours if improvement is not manifest. A third dose may be given with perfect safety. Dr. Slack urges the use of the most concentrated strength of an absolutely reliable preparation. In his own cases he used diphtheria antitoxin of both foreign and domestic manufacture. He prefers that prepared by Parke, Davis & Co. for two reasons: 1, it is put up in hermetically sealed, large-necked, glass bulbs; 2, it can be obtained fresher, thus increasing its reliability.

Dr. Slack's article bears out the many tributes that have been paid to the anti-diphtheritic serum of Parke, Davis & Co. on the score of its entire freedom from fatalities, casualties, or complications of any kind, its great concentration, and the promptness with which its curative powers are manifested.

**Lactophenin is Perfectly Safe.**—In his exhaustive chapter on tuberculosis, in Wilson's American Text-book of Applied Therapeutics, Prof. James T. Whittaker, of Cincinnati, compares the antipyretics at various stages of treatment, and always speaks most favorably of lactophenin. Thus, in mentioning methods for lowering the temperature (p. 376), he says that salol is safer than acetanilid, antipyrin, or phenacetin, "but as it liberates carbolic acid in the intestine, it should not be given in any case of stasis of the kidney;" and then he adds: "Lactophenin, in the same dosage (5 to 7 grains), is efficacious and free from danger." To quiet pain (p. 384) "sometimes due to a toxic neuralgia" salol is safer than either phenacetin or antipyrin,

(the latter, in large doses, depressing the heart), "while lactophenin is a perfectly safe drug in the same dose (5 grains every two hours)." This view is in accord with the judgment of the many reporters, that lactophenin is the safest of all the newer antipyretics.

#### GENITO-URINARY DISEASES.

**Cystitis the Sequela of Gonorrhea.**—It is a well-known fact that the use of astringent and antiseptic injections in the treatment of gonorrhea not infrequently gives rise to various complications, such as cystitis, which not only prolong the course of the disease, but render it more severe and distressing. The problem of how to utilize the undoubted beneficial effects of these injections without subjecting patients to the accompanying risks, can now be regarded as finally solved. Micajah's medicated wafers are of uniform composition, definite strength, and contain those astringent and antiseptic principles which clinical experience has shown to be most serviceable in the treatment of affections of the mucous membranes. By dissolving one wafer in the desired quantity of water, a solution of definite strength is obtained, adapted to any stage of the disease, or the sensitiveness of the urethra. This method of treatment with the wafers will be found of value, both on the score of simplicity, efficiency, and convenience of application. (Write Micajah & Co., Warren, Pa., for samples and literature).

**Hydrozone for Disorders of the Genito-Urinary Tract.**—Dr. John Aulde, of Philadelphia (*Medical Times and Register*) states that about eight years ago he was forcibly impressed with the value of peroxide of hydrogen in a protracted case of gonorrhœa. The disease had persisted for three months despite the treatment of several attendants, there being a constant discharge, and in addition there was an orchitis present, the left testicle being about as large as a baseball. Treatment consisted of the local use of injections of equal parts of peroxide of hydrogen and moderately warm water, used at intervals of four hours, these injections being followed by a solution of arsenite of copper containing one milligram (one 65th grain) to the drachm, diluted with an equal quantity of hot water.

In a week the patient was able to return to his home in a distant State, the discharge from the urethra having entirely ceased, and pain and chordee having disappeared.

The author advises the same treatment for non-specific urethritis and gleet, but as hydrozone is much stronger (2 times) than the peroxide, and perfectly harmless, he gives it the preference.

In vaginitis and vaginismus this treatment is of special value. The treatment heretofore recommended by physicians, consist-

ing of hot vaginal douches, either with or without some alkali, as sodium bicarbonate, followed by the injection of a small quantity of peroxide of hydrogen (medicinal) in warm or cold water is superseded by the single application of a hot solution of hydrozone, one part in eight; the patient should use a fountain syringe, which should be hung upon the wall about six feet from the floor; the patient sits upon a suitable vessel, and introduces the rubber tip of the hose well back into the vagina, while the labia are compressed by the disengaged hand—this allows the solution to so distend the vagina as to bring it in contact with all the diseased tissue. The injection should be repeated twice in twenty-four hours.

In uterine diseases, where the solution must be brought into contact with the endometrium, the following treatment is pursued:

The patient is placed in the dorsal position, with the hips well elevated; an ordinary dilator is employed to distend the cervix, so as to admit the nozzle of the syringe and permit the free egress of the injected fluid; (a suitable return flow tube can be used to better advantage, the Fritzsche's douche is the best that can be used). The injection is then made, a liberal amount of the hot medicated solution being used.

There is need of caution in chronic cases, that the effervescence which attends the destruction of the unhealthy tissue does not force some of the debris into the fallopian tubes. This is best avoided by using a large quantity of the solution, and afterwards directing the patient to assume the upright position. The pressure thus brought to bear upon the uterus will cause the complete discharge of all debris.

A preliminary vaginal douche should always be taken, using the medicated solution, as otherwise harm might ensue by the entrance into the uterus of the vaginal secretions. The author warns against the use of the vaginal douche if the cervix be patulous, as there is an almost certain danger of the infected vaginal debris being forced into the uterine cavity. To avoid this the vagina should be cleansed by the local use of the medicated solution through the speculum.

The author believes hydrozone to be the best remedy for cystitis occurring either in the male or female. The bladder should be washed out with the solution (one to eight), a small quantity being used at first in chronic cases, owing to the painful muscular contractions following the withdrawal of the solution. The amount can be gradually increased. (A double current hard rubber catheter should always be used for that purpose). In gonorrhea, gleet, and cystitis, the local treatment is oftentimes aided by the internal administration of hourly doses of calcium sulphide—one-tenth of a grain.

## MEDICO-LEGAL.

**Experts Must Testify.**—A decision which has just been rendered by the Illinois Supreme Court in the case of Dixon vs. the People is of great interest to professional men who are called upon to give expert testimony in the courts. It is an agreed case carried up from the Circuit Court of Sangamon County. Dr. J. N. Dixon, of Springfield, Ill., who was called as an expert witness in a personal injury case against the city of Springfield, refused to testify unless he was first paid a reasonable fee for this service, claiming that his professional opinion was his own property, and could not be taken away from him except by due process of law, as provided in the State constitution. Judge Creighton ruled against him, and fined him for contempt of court. The court held that this professional knowledge was not property within the meaning of the constitution, and that in the exercise of the right of the court to summon witnesses and compel them to testify no distinction could be made between kinds of knowledge. To make such a distinction would defeat the ends of justice. The finding of Judge Creighton is upheld by the Supreme Court.

## BOOK REVIEWS.

**Cutaneous Medicine. A Systematic Treatise on the Diseases of the Skin.** By LOUIS A. DUHRING, M.D. Part II. Classification, Anæmias, Hyperæmias, Inflammations. 8vo., pp. 223-494. Illustrated. [Philadelphia: J. B. Lippincott Co. 1898.

We expected to see something more than ordinarily good in the part before us after having noted the many excellencies of the preceding one; but we were totally unprepared for such a magnificent volume as is offered to us in Part II. of Duhring's Treatise. The present part is not only carefully, thoroughly, and most excellently written, but it contains one hundred plates illustrative of cutaneous troubles, which are certainly the best we ever had the pleasure of examining.

The classification adopted by the author is a modification of the one he adopted in his Manual of Dermatology. Thus, he places in Class I. anemias and in Class II. hyperemias, which he limits to hyperemic erythema and livedo, and cyanosis. On the other hand he includes in Class III. (inflammations) the diseases which he formerly placed in Class IX.—vegetable and animal parasites. In fact, he has entirely discarded the etiological basis and endeavored to make the classification a pathological

one, without entirely eliminating symptomatology or rendering it complicated. We think that he has admirably succeeded in giving us one which is scientific, simple, and eminently practical in so far as it is an aid to diagnosis.

The diseases are taken up seriatim and each one thoroughly considered, the amount of space devoted to each one being in proportion to its importance. This will be found to be the rule in this volume with one exception. We certainly approve of devoting one hundred pages to eczema, but we certainly do not think that the author did himself justice when he limited the text on dermatitis herpetiformis (Duhring's disease) to eight pages. Every one at all acquainted with dermatological literature certainly expected more upon this particular topic, and we can only attribute the short notice given of the disease to the author's modesty and disinclination to seem as if he desired to make his own work appear too important. And yet he would certainly have pleased all dermatologists immensely by dwelling more fully on the disease which bears his name.

In the volume before us we are presented with the results of an immense amount of research, as is evidenced by the full and complete bibliography which is constantly recurring as foot-notes at the bottom of nearly every page of the text. This in itself is a herculean task, and its full importance and value can be appreciated by every serious student of the literature of the subject. Full credit has been given to every contributor to the study of skin diseases, wherever occasion has occurred to do so. And it is this very evidence of painstaking efforts which should further recommend the book to serious readers; for it is obvious that the work must be a complete one if so much care be taken.

A prominent feature of the book to which we desire to give particular mention consists in the magnificent delineations of microscopic appearances in various diseases, made by Dr. T. C. Gilchrist, of Johns Hopkins University, from preparations made by himself. They are certainly among the best pictures which have been offered to the profession and possess the advantage of being thoroughly up to date and the results of the most expert and scientific microscopic technique, in addition to being interpreted by an acknowledged expert in dermatological microscopy. Drs. A. R. Robinson and M. B. Hartzell also contribute some drawings of microscopic appearances which are excellent.

The pictures of the various diseases spoken of are from the collection of the author and some are contributed by well-known dermatologists, the whole forming a most valuable series of types such as perhaps no single individual could gather together in a life-time. This alone is a feature which will recommend the work to all those who have the least desire to perfect themselves in their knowledge of cutaneous medicine. That all der-

matologists will avail themselves of the opportunity of obtaining the work goes without saying. That others should is obvious.

The publishers have made a book which is constructed of the best material; the typography, press-work and binding being much above the average and such as will compare with the best products of the press.

O-D.

**Pathological Technique.** A Practical Manual for the Pathological Laboratory. By FRANK BURR MALLORY, A.M., M.D., and JAMES HOMER WRIGHT, A.M., M.D. 8vo., pp. 397. With 105 Illustrations. [Philadelphia: W. B. Saunders. 1897. St. Louis: L. S. Matthews, 404 N. 8th St. Price, \$2.50 net.

This is a book which is, as its title implies, a practical laboratory manual and one which should be appreciated both by teachers and students of pathology. The methods have passed through the crucible of experience and found to be the best. For this reason its value is undisputed, and being the result of practical knowledge in imparting the principles of bacteriological work combined with its practical applications it should certainly find ready favor with the medical profession and with undergraduates in medicine.

The work is divided into three general parts. The first one deals with post-mortem examinations, 70 pages being devoted to the subject. Part II. is occupied with bacteriological examinations, great care having been taken in the preparation of this portion of the book. It is rather long, occupying 134 pages and being written in a very clear and lucid manner. The largest, and we were going to say most important, part of the book is the third in which histological methods are taken up. The various steps from the preliminary preparation and hardening of specimens through the various steps of embedding, making sections, staining, etc., are taken up and a very complete résumé of the best and most approved methods for different tissues, both in the normal and in the pathological state, are given.

The authors very judiciously state in their preface that "we should particularly advise the routine bacteriological and histological examination of the more important organs in all suitable cases." It is by pursuing such methods that exact investigators are made, and that reports of value are made upon serious work done in the proper manner. We have had occasion to note the results of such methods as they are pursued in Europe, and this is one of the reasons why the labors of our trans-Atlantic confrères have commanded so much respect in the scientific world. The third part of the book before us is certainly of the highest value. To our mind, it alone is worth the price of the entire work several times over. It is replete with formulæ for the preparation of the various stains, which is not only useful for a proper and thorough comprehension of the descriptions of orig-

inal investigators but also enables the possessor of the book before us to duplicate them.

We cannot find too many words of praise to bestow upon this valuable book, and we anticipate that it will meet with a large sale, as nearly every teacher will certainly recommend this invaluable handbook to his classes and obtain better results from their laboratory work by its intelligent use. The typographical work is above criticism and the illustrations are numerous and good.

#### Traumatic Injuries of the Brain and Its Membranes.

With a Special Study of Pistol-Shot Wounds of the Head in their Medico-Legal and Surgical Relations. By CHARLES PHELPS, M.D. 8vo., pp. 582. With Forty-Nine Illustrations. [New York: D. Appleton and Company. 1897.

This is a monograph upon whose appearance the whole medical profession has cause to rejoice, but more especially surgeons; and the legal fraternity will also reap a harvest of useful learning from its purely medico-legal teachings in regard to pistol-wounds of the head. This book certainly occupies a unique position, being the first one published which is exclusively devoted to traumatic injuries of the brain. The necessity for such a work was certainly felt for many years, and it remained for the accomplished surgeon of Bellevue Hospital to fill this hiatus in surgery.

The book is a very thorough one on the subject of which it treats, and it is written in a very systematic manner. Beginning with a preliminary consideration of cranial fractures, the more detailed points are next taken up in the various chapters of the work. Thus, Chapter I. deals with the pathology of cranial lesions, both direct and indirect. This is a most interesting part, more especially those portions devoted to abscess and cirrhotic inflammation. Chapters II. and III. are devoted to symptomatology, and this is not only interesting but in the highest degree instructive and valuable. The deductions to be drawn from the symptoms presented are certainly very clearly set forth. Diagnosis forms the subject-matter of Chapter IV., and very naturally this forms one of the important parts of the work, albeit perhaps not as long and discursive as others. Chapter V. is devoted to prognosis, and Chapter VI. to the principles of treatment. Sufficient emphasis is laid upon the dangers of operation, and the author is very careful to clearly point out contraindications, although he could scarcely be called ultra-conservative. This terminates Part I. and the directions for treatment and operation are certainly well written and explicit.

Part II. is devoted to pistol-shot wounds of the head and is divided into two chapters, devoted respectively to the medico-legal and to the surgical relations of these lesions of the cranium. In his experiments upon cadavers the author noted the effects produced upon the soft tissues as well as upon the bones in

cadavers in which no cadaveric rigidity existed and which most nearly approached the living body in the conditions presented. Bullets of various calibres, fired at different distances, were used and the effects carefully noted. For this purpose the head was shot, experimentally, 108 times and the body 132. A very large number of finely executed plates with large half-tone engravings made from the photographs of the conditions found are given, and add in no small degree to our knowledge of the actual conditions found. This is certainly of the highest value to the jurist and medical expert.

The surgical relations of pistol-shot wounds of the head are next detailed, and the value of the author's conclusions may be determined when the fact is taken into consideration that they are based upon an experience embracing 500 cases. Following this we are given the condensed histories of 300 intra-cranial traumatisms, the major portion of which was verified by necropsy. Finally there is given an account of intra-cranial lesions from pistol-shot wounds with recovery.

We confess that the limits of space do not permit us to do the justice to this work which it deserves. There is certainly no surgeon who can afford to be without it and many physicians, whilst jurists, coroners and others called upon to determine the medico-legal aspects of crime, accident, or suicide could find no better guide so far as pistol-shot wounds of the cranium are concerned.

**A Text Book of the Practice of Medicine.** By JAMES M. ANDERS, M.D., Ph.D., LL.D. 8vo., pp. 1287. Illustrated. [Philadelphia. W. B. Saunders, 1898. St. Louis: L. S. Matthews, 404 N. Eighth street. Price, cloth, \$5.50 net; sheep or half-morocco, \$6.50 net.

This is indeed a valuable addition to contemporary medical literature. The work bears evidence not only of a vast amount of personal experience on the part of the author, but of a great deal of work and conscientious research through modern literature. The author's aim has been to make the volume one thoroughly up to date, and in addition practical and useful to the reader. In covering such a large subject as the practice of medicine the necessity has made itself evident that none but the salient points connected with each disease could be given, and minute elaborations of detail have necessarily been omitted. Notwithstanding this a most valuable text-book has been added to our works on general medicine, and in it may be found the general principles of medicine enunciated with a clearness and fidelity to truth which makes their reading both pleasing and refreshing. Taken as a whole, we can safely say that the book before us will compare favorably with any of the late works published on the same subject.

The general subjects of lung, heart, kidney, and nervous diseases are well elaborated and considered, and very correctly so, as their importance fully deserves extended notice. In the consideration of the subject of tuberculosis of the lungs the author presents us with a very thoughtful study of the disease. So far as the treatment of this trouble is concerned, the author touches but very lightly upon the medicinal methods, and he places little or no faith in so-called specific medication. He advocates the hygienic treatment as being the best and the one most likely to give good results. So far as malaria is concerned, it is perhaps disposed of a little too summarily for those who reside in the Mississippi Valley where diseases of that type are so prevalent. But this may be only a certain prejudice upon our part in view of the comparative importance which affections of malarial origin have in our eyes.

We note that while some tropical diseases are noticed others are entirely omitted. Such a course is, no doubt, the best upon the whole, for some sub-tropical and tropical affections do occur sporadically in temperate zones, whilst others again are never seen. Certainly the space which would be devoted to the latter can be much better utilized in the consideration of the commoner diseases. Ainhum, however, is summarily mentioned and, as in some other instances, the author dismisses the therapeutics with the statement that there is no cure. Whilst, perhaps, unimportant in some cases, the fact remains that readers are apt to be misled by such misstatements, which the author certainly meant to be taken in another way.

On the whole we are very much pleased with the work, which is destined to hold a foremost rank in the works on the practice of medicine. The publisher has done his share of the work in a manner which cannot be considered anything but irreproachable. A number of well-executed plates in black and color add greatly to the usefulness of the volume, and with the other illustrations make it one which will be eagerly bought by the student and practitioner.

**A Text-Book of the Diseases of Women.** By HENRY J. GARRIGUES, A.M., M.D. Second Edition. Thoroughly Revised. 8vo., pp. 719. Containing Three Hundred and Thirty-five Engravings and Colored Plates. [Philadelphia: W. B. Saunders. 1897. St. Louis: L. S. Matthews, 404 N. Eighth Street. Price, cloth, \$4.00 net; half Morocco, \$5.00 net.

The success of the first edition of the work before us we anticipated, because its merits were such that it could not fail to give general satisfaction. The book was not written nor intended for gynecologists, but rather for the guidance of the general practitioner who finds it frequently difficult, if not impossible, to

consult a gynecologist or place a case in his hands. It is this very demand which induced the author to write a work which, whilst comprehensive in every particular, did not assume unduly large proportions. It is also for this reason that he wrote all his descriptions of conditions and of operations in so clear a manner that they cannot fail to invite the most warm commendation and favorable criticism.

The author is not a novice at writing or teaching by any manner of means. He has had a very large clinical experience, and has added to this a rare judgment and thorough observation. These he has succeeded in incorporating in his work on the diseases of women, and, as a natural consequence he has produced a text-book which is eminently practical and susceptible of practical application by him who is in need of just such information as it furnishes. Its clearness and its sound therapeutic teachings as well as its exposition of the best modern surgical methods makes it all that is desirable for the purpose which it was intended it should fill. One of its features is the technique with which it abounds, and in every instance this is supplemented by clear instructions sufficiently detailed to be easily understood.

Some have criticised the author for having written special chapters on hemorrhage and leucorrhea. It may be that these are but symptoms and not diseases; but they are conditions requiring treatment, and unless properly recognized as well as treated even symptomatically either the patient will suffer or the physician will see his gynecological practice dwindle to quite an appreciable extent. Patients are not logical; they insist upon some measures of relief, and he who can give it is certainly the better one, at least in the eyes of his clientèle.

In the present edition some changes and additions have been made. Better illustrations have taken the place of others, defective ones have been redrawn, and antiquated or comparatively unimportant text and illustrations have been omitted. Aseptic surgery has received a greater share of attention, and the whole subject of the surgical treatment of uterine fibroid and cancer has been rewritten and simplified. Quite a radical change has been effected in placing vaginal section on equal terms with abdominal section, and an important addition has been made to the appendix in a description of the chief methods employed in intestinal surgery. The author, on the whole, does not insist upon the applications of his own methods, as he fully discusses the applicability of each one and leaves the application of each one to the judgment of the physician or surgeon.

A very full index and list of illustrations closes the volume. The printing and binding of the book are uniform with that which characterizes Saunders' text-books, whose general merit and excellence have won nothing but praise on all sides.

**A Manual of Legal Medicine.** For the Use of Practitioners and Students of Medicine and Law. By JUSTIN HEROLD, A.M., M.D. 8vo., pp. 678. [Philadelphia: J. B. Lippincott Co. 1898. St. Louis: J. L. Boland Book and Stationery Co. Price, \$4.00.

There is nothing perhaps that is more interesting in connection with the study of medicine than its legal aspects; and, we may add, there is no subject more generally neglected by medical colleges, unless it be the history of medicine. Legal medicine, as the author of the work before us states, is much more important than is generally supposed. The young graduate in medicine may be the means of causing much trouble to the officers of the law which is unnecessary, or he may jeopardize the life and liberty of an innocent individual through the expression of an opinion based upon an ignorance of those facts which should be possessed by every medical practitioner, but which unfortunately are not.

The author has held the position of coroner's physician to the city and county of New York, and in his official capacity had many opportunities of a practical nature, whereby he was enabled to perfect himself in medico-legal jurisprudence. He profited by this, and the result has been the splendid work before us. It is not intended to supplant the larger and more elaborate works on the subject, but rather to be a condensation of those matters which have gone beyond the condition of being *sub judice*. Theories and discussions have been avoided to give place to practical points established beyond a doubt. Whilst the bulk of the matter is such as may be found in the standard works on medical jurisprudence, a large part is original and the result of the author's personal experience. This gives a certain amount of individuality to the book, and renders it more interesting, and should certainly make it popular with both medical and law students.

As a text-book of fairly medium proportions we hardly know of a better one. The large and elaborate works on the subject are certainly very desirable to use as reference-books; but as a shorter book is desirable for the teaching of students, we can only recommend that of Dr. Herold for the purpose. We would even add that those who do not intend to devote any large share of their time and attention to the subject could not do better than buy this one. Toxicology receives a large share of attention, as also blood-stains and infanticide. Personal identity is a most interesting and valuable subject, considered in Chapter XXII. In this the now famous Bertillon system is fully explained. That portion devoted to the identification of human bones will possess more than ordinary interest, after the stress laid upon this point in the now-famous Luetgert trial at Chicago.

We are certainly favorably impressed with this book, and can

heartily recommend it. It is well written and well printed, and the publishers deserve great credit for the elegant form in which they have placed it on the market.

**Spinal Caries.** (Spondylitis, or Potts' Disease of the Spinal Column.) By NOBLE SMITH, F.R.C.S., Ed., L.R.C.P., Lond. Second Edition. Small 8vo., pp. 153. [London: Smith, Elder & Co., 15 Waterloo Place. 1897. Price, 5/-.

The first edition of this small book proved to be quite a success, necessitating the issuance of a second one, a copy of which we have before us. It is an improvement upon its predecessor, errors having been corrected and some additions made. The author's methods in treating caries of the spine are well known by surgeons, and have been adopted to quite a degree. In the present volume he describes a new form of head-piece for cervical disease. He looks upon this form as much superior to the one described in preceding pages. Another addition is a condensed report of Ponfick's case, actinomycosis causing caries of the vertebrae. Whilst this may seem to be a rarity, it may only be so apparently, and careful examination may show it to be more common than has been hitherto supposed. Forced reduction of the deformity in caries of the spine, as practiced by Dr. Calot and but recently introduced by him, does not find much favor with the author. As he proceeds to state, it may be of service in acute cases, but is very apt to be dangerous in such as are of long standing. He reiterates his original proposition, that caries of the spine due to tuberculosis is curable if the proper means be employed; and he proceeds to detail these methods, citing clinical cases in support of his proposition. The book is practical and authoritative on the subject. It can be consulted with profit by general and orthopedic surgeons, and recommends itself.

**About Children:** Six Lectures Given to the Nurses in the Training School of the Cleveland General Hospital, in February, 1896. By SAMUEL W. KELLEY, M.D. 8vo., pp. 179. [Cleveland: The *Medical Gazette* Publishing Co. 1897.

This is a collection of most interesting lectures, replete with information of a valuable nature and containing just what a nurse should know. It is just what we would expect from the talented editor of the Cleveland *Medical Gazette*, whose literary productions we have enjoyed on more than one occasion. In addition to the purely technical details which are given, the last lecture terminates with a most charming discourse upon the dispositions, habits and management of children. His remarks breathe forth the innate love of children which permeates his whole being; and as a consequence of this affection, and as a part

of it, he has an intimate knowledge of "little people" that very few have and still less acquire. A mere reading of the book is enough to imbue anyone possessing any human instinct with an interest in and affection for the helpless babe and suffering child. It is a book which will certainly prove of profit to any man to study and all physicians to read.

**Transactions of the American Otological Society, Thirteenth Annual Meeting, Washington, D. C., May 4, 1897. In Connection with the Fourth Triennial Session of the Congress of American Physicians and Surgeons. Vol. VI., Part IV. 8vo., pp. 405-569. [Published by the Society. 1897.**

As has been the rule in the past, the present volume of transactions is replete with valuable papers, and the high standard set by the American Otological Society has been raised if anything. A most important paper is that contributed by Dr. Albert H. Buck on "Goutiness in Its Relation to Diseases of the Ear." Robert Lewis, Jr., details a case which is valuable as a caution to avoid certain methods of treatment. It deals with a case of angio-neurosis of the tongue, due to the application of chromic acid to granulations on the upper and posterior portions of the tympanic membrane. In connection with this, the author makes a contribution to the physiology of the chorda tympani nerve.

The volume is a handsome contribution to otologic literature, and will be much appreciated by those who are not so fortunate as to be members of the society. Extra copies may be had by addressing the secretary, Dr. J. J. B. Vermyne, 2 Orchard Street, New Bedford, Mass.

**Essentials of Bacteriology. Being a Concise and Systematic Introduction to the Study of Micro-Organisms, for the Use of Students and Practitioners. By M. V. Ball, M.D. Third Edition, Revised. 12mo., pp. 218. With Eighty-one Illustrations, Some in Colors, and Five Plates. [Philadelphia: W. B. Saunders. 1897. St. Louis: L. S. Matthews, 404 N. 8th St. Price, \$1.00.**

This is one of the best of Saunders' Question Compends. We have had occasion to review the second edition, and the one before us has appeared so soon after its predecessor that very few changes were deemed necessary by the author. The article on "Diphtheria" has been carefully revised, and an addition in regard to the antitoxin treatment made. The "Bacteriologic Examination of the Organs and Cavities of the Human Body" has been added to the appendix, and it certainly enhances the value of the book. It is certainly a most appropriate addition, and one which should be highly appreciated. This little book in its present form will certainly be one of the indispensable helps to the working library of medical students.

## LITERARY NOTES.

**Books Received.**—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

A Manual of Legal Medicine. For the Use of Practitioners and Students of Medicine and Law. By Justin Herold, A.M., M.D. 8vo., pp. 678. [Philadelphia: J. B. Lippincott Co. 1898. Price, \$4.00.

About Children: Six Lectures Given to the Nurses in the Training School of the Cleveland General Hospital in February, 1896, by Samuel W. Kelley, M.D. 8vo., pp. 179. [Cleveland: *Medical Gazette* Publishing Co. 1897.

Transactions of the American Otological Society, Thirteenth Annual Meeting, Washington, D.C., May 4, 1897. Vol. VI., Part IV. 8vo., pp. 404-569. [New Bedford, Mass.: Published by the Society. 1897.

Traumatic Injuries of the Brain and Its Membranes. With a Special Study of Pistol-Shot Wounds of the Head in their Medico-Legal and Surgical Relations, by Charles Phelps, M.D. 8vo., pp. 582. With Forty-nine Illustrations. [New York: D. Appleton & Co. 1897.

A Text-Book of the Practice of Medicine, by James M. Anders, M.D., Ph.D., LL.D. Large 8vo., pp. 1287. Illustrated. [Philadelphia: W. B. Saunders. 1898. St. Louis: L. S. Matthews, 404 N. 8th St. Price, cloth, \$5.50 net; sheep or half-morocco, \$6.50 net.

Pathological Technique. A Practical Manual for the Pathological Laboratory, by Frank Burr Mallory, A.M., M.D., and James Homer Wright, A.M., M.D. 8vo., pp. 397. With 105 Illustrations. [Philadelphia: W. B. Saunders. 1897. St. Louis: L. S. Matthews, 404 N. 8th St. Price, \$2.50 net.

Essentials of Bacteriology, Being a Concise and Systematic Introduction to the Study of Micro-Organisms, for the Use of Students and Practitioners, by M. V. Ball, M.D. Third Edition. 12mo., pp. 218. With Eighty-one Illustrations, Some in Colors, and Five Plates. [Philadelphia: W. B. Saunders. 1897. St. Louis: L. S. Matthews, 404 N. 8th St. Price, \$1.00.

Cutaneous Medicines. A Systematic Treatise on the Diseases of the Skin, by Louis A. Duhring, M.D. Part II. Classification, Anæmias, Hyperæmias, Inflammations. 8vo., pp. 223-494. Illustrated. [Philadelphia: J. B. Lippincott Co. 1898.

Spinal Caries (Spondylitis, or Potts' Disease of the Spinal Column), by Noble Smith, F.R.C.S., Ed., L.R.C.P., Lond. 8vo.,

pp. 153. Second Edition. [London: Smith, Elder & Co., 15 Waterloo Place. 1897. Price, 5/-.

Lippincott's Pocket Medical Dictionary, Including the Pronunciation and Definition of Twenty Thousand of the Principal Terms used in Medicine and the Allied Sciences, together with many Elaborate Tables, edited by Ryland W. Greene, A.B. 24mo., pp. 421. [Philadelphia: J. B. Lippincott Co.

A Text-Book of the Diseases of Women, by Henry J. Garrigues, A.M., M.D. Second Edition, thoroughly revised. 8vo., pp. 728. Containing Three Hundred and Thirty-five Engravings and Colored Plates. [Philadelphia: W. B. Saunders, 1897. St. Louis: L. S. Matthews, 404 N. Eighth street. Price, cloth, \$4.00 net; half morocco, \$5.00.

Lippincott's Pocket Medical Dictionary is a dainty little volume, gilt on edge and bound in flexible morocco covers. It contains no less than 20,000 words, and all antiquated, obsolete and useless terms have been eliminated. Great care has been taken to give the proper pronunciation of each term. A number of useful tables have been given which will be found of the highest value by medical students. The editing has been done by Mr. Ryland W. Greene, who was the editor of Lippincott's larger Medical Dictionary, in the construction of which he fully demonstrated his capacity for this sort of work. The present pocket dictionary is the best of its kind which we have seen, and despite the fact that it contains 421 pages it is neither bulky nor heavy. The publishers are the J. B. Lippincott Co. of Philadelphia, and they have really done medical undergraduates a great favor in issuing this useful and complete little vademecum.

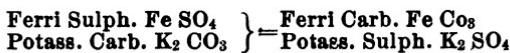
The New York Polyclinic has changed editorial management recently. Dr. Vissman found himself unable to continue as editor, owing to ill health. Dr. J. Shelton Horsley has assumed the position thus vacated, and will pursue the same methods followed before. He has inaugurated his editorial regime very felicitously, and we bespeak abundant success for him in the future.

The Michigan Monthly Bulletin of Vital Statistics has just made its appearance. It is a quarto whose initial number contains 20 pages. It is to be devoted to hygiene, sanitation, and more particularly the vital statistics of Michigan. Dr. Cressy L. Wilbur is the editor, and it is published by the Department of State, located at Lansing, Mich. It is certainly a good publication and, as any physician in Michigan may obtain it free, it should be productive of much good.

## MISCELLANEOUS NOTES.

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**The Assimilation of Iron.**—The following combination, successfully and scientifically put in pill form, produces, when taken into the stomach, carbonate of protoxide of iron (ferrous carbonate) in a quickly assimilable condition:



"Iron," says *Le Progres Medical*, "is one of the most important principles of the organism, and the only metal the presence of which is indispensable to the maintenance of life. It exists in all parts of the system, but nowhere does it acquire such importance as in the blood. The blood of a person in good condition contains about forty-five grains of iron; when this amount is diminished a decline takes place, the appetite fails, the strength is enfeebled, and the blood loses its fine natural color and qualities. In a great number of diseases, such as anemia, chlorosis, hemorrhages, debility, etc., it sometimes happens that the blood has lost half its iron; and, to cure these diseases, it is absolutely necessary to restore to the blood the iron which it lacks, and great care should be exercised that the most assimilable form of iron be used, one that penetrates into the organism without unduly taxing the digestive tract or interfering with the essential qualities of the gastric juice."

In chloro-anemia, Warner's Pil. Chalybeate Comp. regenerates the diseased red globules of the blood with a rapidity not before observed under the use of other ferruginous preparations; it adds to their physiological power, and makes them richer in coloring matter. Moreover, being neither styptic nor caustic, and having no coagulating or astringent action on the gastro-intestinal mucous membrane, this preparation of iron causes neither constipation nor diarrhea; as it does not need to be digested in order to be absorbed it gives rise to no sensation of weight in the stomach, or the gastric pain and indigestion occasioned by other preparations. In women who have not menstruated for many months, the amenorrhea disappears; in others suffering from an anemic state of long duration, give Warner's Pil. Chalybeate Comp., one or two after each meal, which will soon restore the blood to its normal state.

The small quantity of nux vomica is added to increase the tonic effect, give tone to the stomach and nerves, and increase the appetite.  
—*Therapeutic Gazette*, Nov., 1896.

**"Grip."**—C. A. Bryce, A.M., M.D., Richmond, Va., editor of *The Southern Clinic*, said: "For the past four weeks or more we have met with five times as much grip as anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved have been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism, hepatitis and gastric congestions have been of far greater frequency, while in

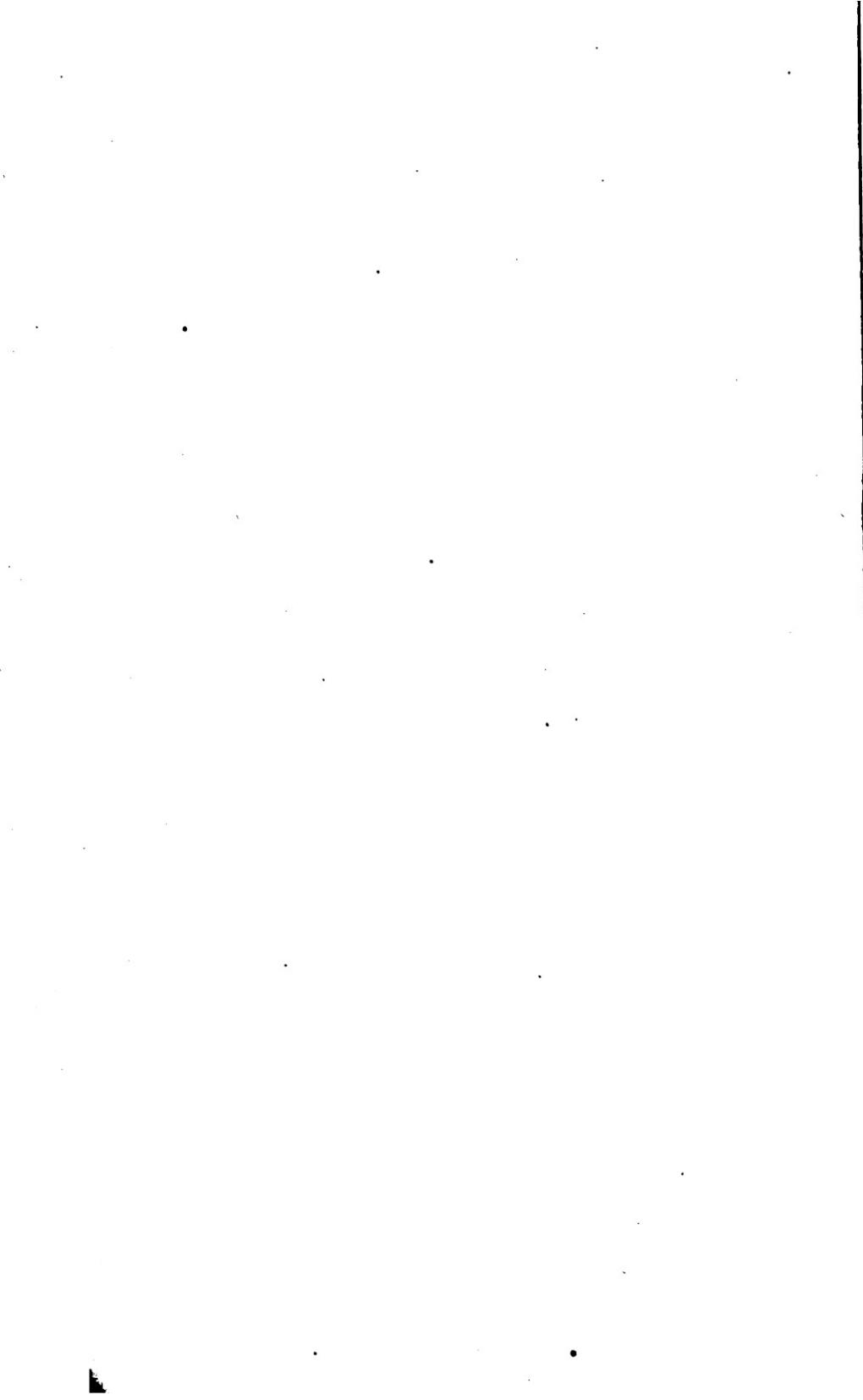
all, the nervous system has been seriously depressed. The fatalities from pneumonia, meningitis and other complications have been fewer, showing plainly that we are gradually gaining an immunity from this zymotic invader. With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nervous sedatives, anodynes and heart sustainers, rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encourage action of skin and kidneys, with possibly minute doses of blue pill and quinine or calomel and salol. We have found much benefit from the use of antikamnia and salol in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from antikamnia and codeine. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time."

**Extract of Pinus Canadensis.**—J. L. Ridley, M.D., Huntsville, Ala., says: I have used S. H. Kennedy's Extract of Pinus Canadensis, both White and Dark. I can frequently cure gonorrhea without any other remedy. I use either as an injection, and prescribe the Dark internally, where there is irritability about the mouth of the bladder. I have learned to regard it as a specific. In chronic cystitis I have derived great benefit from it, and in leucorrhea it relieves when many other remedies fail. It is a valuable remedy, and I have had marked success with it.

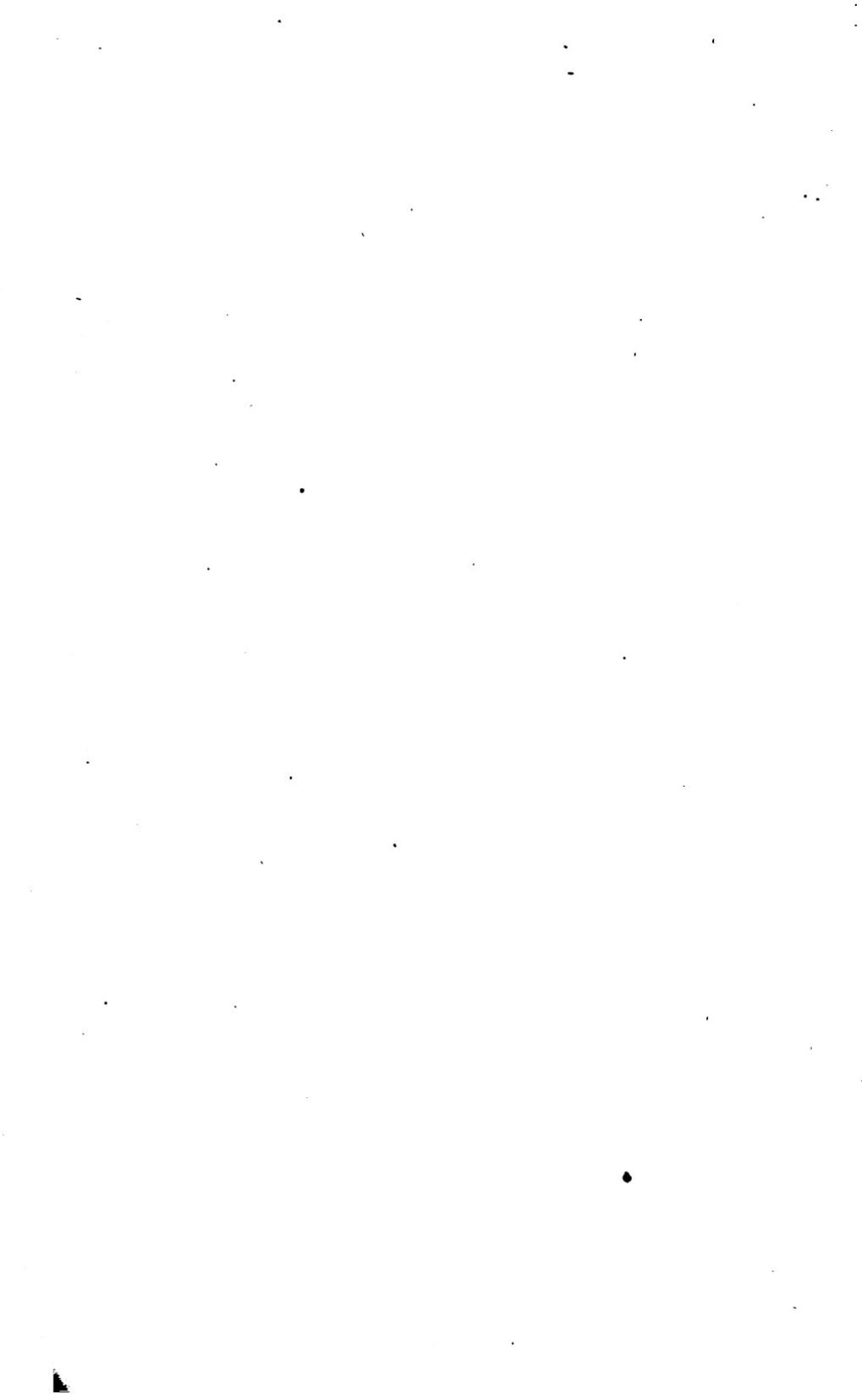
The Antikamnia Chemical Company have recently forwarded to all physicians a very neat pocket-case, containing in acceptable form samples of their products. It gives the *Journal* much pleasure to acknowledge the receipt of extra cases and to compliment the Antikamnia Chemical Company upon their enterprise, and also upon their appreciation of what the medical profession and medical journals have done for them.

**Valuable Remedies Worthy of Attention.**—Especially at this season are the tablets of "antikamnia and codeine," each containing  $4\frac{3}{4}$  grains antikamnia and  $\frac{1}{4}$  grain sulphate codeine, worthy of attention in the treatment of pulmonary diseases. This combination is a sedative to the respiratory centres in both acute and chronic disorders of the lungs. Cough, and in fact nearly all neuroses of the larynx are, in the vast majority of cases, promptly and lastingly relieved, and often entirely suppressed. In the treatment of la grippe and its sequelæ, its value is highly esteemed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve; this combination does this, and in addition controls the violent movements accompanying the cough. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva. Exhibited in the grinding pains which precede and follow labor, in the uterine contractions which often lead to abortion, as well as in the nocturnal pains of syphilis, the results obtained are most satisfactory. In the various neuralgias, and in all neuroses due to irregularities of menstruation, this combination affords immediate relief, and the relief is not merely temporary and palliative, but in very many cases curative. In these last conditions, always instruct that tablets be crushed before taking.

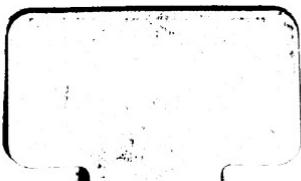








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